

# THE **PAth** FORWARD

## Partnering Arts to Health

REPORT OF THE NSW  
MINISTERIAL TASKFORCE ON  
HEALTH AND THE ARTS

APRIL 2016



Hon Jillian Skinner MP  
Minister for Health  
Parliament House  
Macquarie Street  
Sydney NSW 2000

Dear Minister

On 26 August 2015 at the *Celebrate Creative Ageing* Conference, sponsored by the Australian Centre for Arts and Health and the Art Gallery of NSW and Sydney Opera House, you announced the appointment of a **Taskforce on Health and the Arts** which you stated subsequently had “*been appointed to lead the development of a Framework to support the integration of the arts across the whole of the NSW Health system.*”

Specifically, you directed the Taskforce to have regard to the *National Arts and Health Framework*, which is a statement of national goals and approaches to the integration of arts and health activities, and *Create in New South Wales*, which is the State Government’s arts and culture policy.

You further charged the Taskforce to provide you with guidance in relation to three key issues:

- A range of mechanisms and models for incorporating the arts into the design of health facilities and the delivery of health services within them, and the broader community
- A range of governance mechanisms and models for funding arts initiatives across NSW health
- A “clearing house” to foster dialogue, information and ideas on ways to encourage and fund the arts across NSW Health.

We were charged to report to you by April 2016 and I now have pleasure in presenting you with our report focussed primarily upon the three specific terms of reference but with further comments and recommendations consistent with the principal objectives which you outlined.

I would like to take this opportunity to place on record the appreciation of the Taskforce of your own personal commitment to the development of a closer working relationship between health and the arts demonstrated both by your Address at the *Celebrate Creative Ageing Conference* including the appointment of this Taskforce and the addition of a health and arts component to the annual Health Innovation Awards in 2015.

Given the enormous public interest which has been displayed in the work of the Taskforce I would invite you to consider the public release of this Report conjointly with any response to the recommendations contained therein and any further statements of initiatives to be taken by NSW Health in relation to the further integration of arts activities within its policies and facilities.

On behalf of all members of the Taskforce, and in particular as Chair, I would like to thank you most sincerely for allowing us the opportunity to consider these issues and bring forward recommendations which we hope will lead to better health outcomes for both individuals and the entire NSW community.

I would also like to personally thank all the members of the Taskforce, our support staff in your Ministry, consultants and all our submitters and interlocutors for their great contributions.

Chris Puplick AM

Chair

29 April 2016<sup>1</sup>

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<sup>1</sup> The Minister's speech to the *Celebrate Creative Ageing* Conference (26 August 2015) is included as an Appendix together with details of the Arts and Health Innovation Awards

## GUWIMILGABANG BAARIBANG

Women's long dance belt 2015 / Aluminium-copper-brass

**Diane Riley-McNaboe** (Wiradjuri/Gamilaroi) with **Jonathan Jones** (Wiradjuri/Gamilaroi)

The artwork represents community and healing and reassures patients that they are not alone and will be well looked after in the hospital. Cockatoos act as a warning and their feathers represent change when either you or a loved one is facing significant challenges. The emu teaches us to tread softly on the ground and to take care, their feathers reminding us to support people who are ill and their families.

Traditionally made by roping cockatoo and emu feathers together, women's belts are worn during ceremonial dances with the longer dance belt used only by older women. During the dance, the older women – healers of community and country – hold onto the belt, linking everyone together. They were often destroyed after the dance so there are very few historical belts that have been preserved. This artwork is a unique way of celebrating the revival of Aboriginal culture and fibre arts.

It was created with the assistance of the local community. On display in the foyer of Dubbo Base Hospital and created especially for the opening of the new birthing unit.



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## CHAIRMAN'S FOREWORD

Illness, or lack of wellbeing, is an assault upon the dignity of each individual and impacts to a greater or lesser extent on members of their families, their friends and their carers. Illness attacks the sense of self, the way in which we perceive ourselves, our sense of wholeness and our positioning of ourselves in our community.

The Arts – in their widest sense and manifestations great and small – have the power to help restore some of that sense of lost dignity, wellness and identity. No claim is made that art “cures” illness (whatever cure may mean) but rather that, when used properly and appropriately, it can impact positively on the lives of patients, individuals, their loved ones and their carers. In doing so it spreads its benefits from the one to the many, from the individual to the community.

It is based upon this premise that the Taskforce has appreciated the opportunity provided by the Minister to advise her on an initiative which would place New South Wales at the forefront in Australia in developing a suite of strategies designed to integrate best health practice with best arts practice.

In doing so we are conscious of the activities undertaken around the nation and internationally but believe that we have a chance in this State to take a genuinely leadership role.

At all times we have been equally conscious of the fact that this is all about **patient-centred care** and outcomes, itself the central principle of NSW health policy and consonant with the CORE values of collaboration, openness, respect and empowerment which the Minister has espoused.

That so many people and organisations sought to participate in the processes of the Taskforce and did so with such enthusiasm and excitement is indicative of the significant potential that can be leveraged throughout the State. We believe that this will be manifest and forthcoming, once given proper support and encouragement and will have long-term positive health outcomes for individuals and the community.

By way of emphasis, I would like to stress that we see this as an exercise in **providing health services through the arts** rather than a matter of simply providing art in a health environment. This is not a matter of semantics but rather a clear statement of policy and intent, a clear focus and a clear commitment.

It also reflects the vital importance of arts-based health interventions which take place outside the hospital or institutional setting. It is a key strategy for NSW Health to keep people out of hospitals and this means working with the Commonwealth and NGOs on primary or preventative health interventions through creative use of the arts.

Among these interventions designed to keep people out of hospital and well in their communities are campaigns which promote healthy lifestyle, eating and exercise (especially among children) and address one of the great challenges to the health system – the obesity and diabetes epidemics. Arts and health campaigns can provide particularly effective support for people living with mental health conditions such as depression, anxiety, bipolar and dementia and encourage and support people

whose mental health is impacted by substance abuse and social isolation. Campaigns which promote safety in the home (for example to avoiding poisoning by household chemicals) or which address issues such as falls prevention make a major contribution to keeping people out of emergency departments. Screening programs, especially those targeted at people who do not traditionally receive messaging from conventional campaigns have proven enormously effective in reducing the overall burden of disease.

In many instances such campaigns and strategies have relied heavily on arts or entertainment based approaches where visual rather than verbal messaging is often more appropriate. At last year's Health Innovations Awards the winning entry was one using arts to promote breast screening among Chinese and Arabic speaking women. The artworks used for health promotion were co-created with the women in the diverse communities. Art proved to be a most effective way of engaging with these communities in a positive health message. Historically, the overwhelming success of Australia's early HIV intervention strategies was predicated absolutely upon effective use of arts-based interventions and images alongside the more medically-based messaging.

This observation draws attention to the need for any such arts-based interventions to be flexible enough to respond to individual health challenges and specific target communities or populations.

In this respect what is needed is an **effective responsive framework not a mandated straitjacket.**

Although we support such initiatives in each Local Health District/Speciality Health Network being under the direct control of the relevant Chief Executive and/or Board, we expect that this relationship will be one of support rather than direction. As Shakespeare put it we are not interested in "*art made tongue-tied by authority.*" (Sonnet 66)

A responsive framework can also promote productive and strategic partnerships across health services and arts organisations at all levels of the system.

The Arts constitute but one tool in the armamentarium of a modern health system, but it is one too infrequently, too inexpertly and too narrowly used. There has not been sufficient recognition among front-line health practitioners, hospital administrators and health system leaders that this tool is at their disposal and that among arts practitioners there is an overwhelming desire to make their skills and expertise available.

I hope that the work of this Taskforce has already gone some way in opening up new channels of communication and new lines of thought and that its recommendations will enable the Minister to develop new approaches for the NSW health system, and through her leadership make a further contribution to the health of the people of this State.

## EXECUTIVE SUMMARY

In accordance with the Minister's Terms of Reference, the Taskforce has focussed its attention on examining models for more comprehensively incorporating the arts into the design of health facilities and the delivery of health services; options for governance and funding of such initiatives and the development of a clearing house as a source of, and for the exchange of, information.

We have taken as a given that the integration of arts-based activities into the design and delivery of health services will produce beneficial outcomes for individuals (patients, carers, families, consumers, health staff) and for the wider community. The report and the National Arts and Health Framework refer extensively to empirical data to support this proposition. We further believe that adoption of such initiatives will contribute to the achievement of both *NSW Government State Priorities* and identified *Premier's Priorities*.

We are mindful of the Minister's clear commitment to devolution – to the empowerment of Local Health Districts and Speciality Health Networks (LHD/SHN) to make decisions which are appropriate for their own areas of responsibility, and thus acknowledge that there will legitimately be variations in approaches and priorities which reflect this commitment to locally-based decision making.

Finally, we recognise that leadership at the highest levels of each LHD/SHN will be a critical factor in ensuring the success of any such initiatives and that this will need to be complemented by support at the highest levels of leadership in the Ministry.

In preparation for our deliberations we undertook a Systems Diagnostic which has given us a sound basis of evidence about the current state of play within NSW Health and we have drawn heavily upon this in shaping our thinking and recommendations. [See Appendix G]

### Governance

The starting point should be the development of an appropriate governance model. We have examined a number of alternatives [Chapter 5] and come to the conclusion that the best model involves the appointment of a locally-based Health and Arts Advisory Committee under the leadership (direct or delegated) of the Chief Executive of each LHD/SHN.

We have made proposals regarding the Membership and Functions of such Committees although we stress that each LHD/SHN should be empowered to deal with such matters as they see best fit for their local circumstances, under general guidance from the Minister and the Ministry.

Similarly we have left it to each LHD/SHN to determine the exact relationship between such Committees and their relevant Chief Executive and Board. We stress however the importance of direct and recognised engagement of both with any health and arts initiative.

Nevertheless, each such Committee must, as a matter of policy, have a clear set of terms of reference and be required to develop an Area/Service-wide strategic plan for health and the arts to be endorsed by their Board. The overarching Strategic Plan of each LHD/SHN should be amended to reference and include the work of their own Health and Arts Advisory Committee.

Should this recommendation be adopted by the Minister it would follow that the Ministry would need to be instructed to assist such Committees in the development of their strategic plans and provide templates covering such matters as curatorial policy, the management of sponsorships, asset maintenance and legal requirements. These Policy Guidelines should be uniform across all LHDs/SHNs and should be incorporated into their strategic plans.<sup>2</sup>

The Ministry should be charged with the responsibility of assisting each LHD/SHN to establish Health and Arts Advisory Committees along these lines and should be responsible for the co-ordination of relevant state-wide activities such as the development of training and capacity building programs and facilitating relevant state-wide meetings of appropriate personnel. To this end, responsibility should be given to a specified Deputy Secretary as part of their position description.

### Funding

The Taskforce considered a number of funding models and has come to the conclusion that a model must be adopted which recognises the disparities which exist across New South Wales where health inequities exist as a result of geography, isolation, rurality, Aboriginality, socio-economic factors and other extrinsic determinants of health.

We are thus not attracted to a funding model based on population alone but rather on one which is more flexible and responsive both to needs and to best practice issues.

We also acknowledge that in opting for a LHD/SHN-based committee structure we have compromised the eligibility of such committees to seek some areas of external funding which are restricted to incorporated organisations and not available to government entities. However, developing partnerships with arts organisations and other NGOs to apply for funding could address this issue.

The Taskforce has thus come to a point where it believes that funding should be distributed by NSW Health on the basis of a set of eligibility criteria which we have set out in the Report (pages 54-55). Furthermore, allocations should be made on the basis of a set of assessment criteria which we have also established.<sup>3</sup>

The Taskforce acknowledges that this in no way should compromise the Minister in making any decision to fund a specific project or give directions to LHDs/SHNs about her priorities in the health-arts environment.

The Taskforce further believes that the process of grant-making should involve a significant input from arts professionals and others drawn from outside the ranks of NSW Health whose recommendations should be subject to final ministerial approval.

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<sup>2</sup> The Taskforce notes that there are already a number of relevant Policy Directives in place and that they will need to be drawn to the attention of all Health and Arts Advisory Committees who must conform to them. We also note that many potential sets of such guidelines are in the process of preparation within the Ministry.

<sup>3</sup> The Taskforce can report that Arts NSW has examined these eligibility and assessment criteria and has found them acceptable and compatible with their own grant-deciding procedures.

## Best practice and innovative arts and health initiatives

Research and consultations undertaken for the Taskforce highlighted that there is substantial scope to enhance:

- coordination of activity and resources in NSW to support better integration of health and the arts
- the development of more innovative practice in a broad range of art forms and
- the creation of a larger-scale, state-wide, innovative and integrated arts practice in NSW Health services and facilities.

## Clearing House

All contributors to the discussions and work of the Taskforce were entirely supportive of the concept of a clearing house as a place to access and exchange information. For reasons which we have set out in Chapter 6 we have renamed this initiative the **PAth Exchange**.

The Taskforce has received considerable assistance from the Agency for Clinical Innovation (ACI) which has already developed a sophisticated Innovation Exchange that provides an analogous service.

In developing the PAth Exchange attention must be paid to a variety of factors such as strategic objectives; content profile; functionality; exchange platforms; maintenance and governance and communications strategies.

We believe that the PAth Exchange should start off as a relatively passive source providing access to information about elements of Australian and international best practice; including partnerships between the health and arts sectors; contact details for the major players in both the health and arts spheres; relevant existing government and departmental policies; examples of activity currently underway throughout NSW Health (eg the Innovations Awards and Translational Research Grants) and available resources.

In time it may be possible for the PAth Exchange to be developed into a more interactive site with individual artists or arts organisations able to upload information (properly moderated) alongside the information which should be regularly added by the LHDs/SHNs/Ministry of Health.

After consideration of a variety of options the Taskforce has concluded that the PAth Exchange should be hosted by the ACI leveraging off its existing Innovation Exchange but equally accessible directly from the websites of the Minister and the Ministry of Health. We appreciate that this will require a commitment of funding on the part of the Ministry.

## Other Matters

The Taskforce gave consideration to a number of other matters which had been drawn to our attention in the course of our enquiry and these are discussed both throughout the Report and specifically in Chapter 7.

- Partnerships – Health and the Arts

Throughout our deliberations all parties in both the health and arts communities stressed the importance of building and sustaining partnerships. The Taskforce supports such initiatives and stresses their importance throughout the Report.

Partnerships help to develop and sustain relationships between health services and the arts sector, as well as the broader community. Existing Health Service funding for health and the arts initiatives can be used more effectively if partnerships are established to leverage additional resources, whether that be funding or in-kind support.

Partnership arrangements can provide auspicing and other mechanisms enabling a partner organisation to make funding applications on behalf of the Health Service or a consortium of partners, and to manage the funding. This may enable applications to Commonwealth and NSW arts funding opportunities (which NSW Government agencies are ineligible for) and other funding streams which require Deductible Gift Recipient status. A Memorandum of Understanding would be appropriate to support this kind of arrangement, outlining the responsibilities of all partners.

- Partnerships – Beyond Health and the Arts

We have discussed and made some recommendations which relate to the possible development of a more whole of government approach to health and arts matters; the capacity to expand preventative health programs and the establishment of an All-Parliamentary Committee supporting such initiatives.

## RECOMMENDATIONS

### Framework

**A1** That NSW Health formally develops and adopts a Framework for the promotion of a health and arts strategy for New South Wales under the direction of the Minister for Health.

**A2** That each Local Health District/Speciality Health Network be invited to establish a Health and Arts Advisory Committee under the leadership and direction of the Chief Executive. Each LHD/SHN should be free to determine the membership and terms of reference of such Committees and their relationship with the LHD/SHN Board and other established committees. However, each Health and Arts Advisory Committee must prepare a health and arts strategic plan for endorsement by their Board before being eligible to receive funding.

**A3** That the Minister should provide specific initial funding for each such Committee to develop an initial Health and Arts Strategic Plan.

**A4** That the Minister instructs the Ministry of Health to prepare a suite of relevant guidelines to be adopted by each LHD/SHN covering such matters as the Minister may specify drawing on those outlined in this Report. Further that the Ministry draw the attention of all Health and Arts Advisory Committees to the existence of and need for compliance with all relevant Ministry Policy Directives including the *NSW Health Code of Conduct*.

**A5** That a Deputy Secretary of the Ministry of Health is designated as the principal departmental sponsor of the Health and Arts Program and take responsibility for the overall co-ordination and promotion of health and arts initiatives.

**A6** That an independent evaluation review of progress on all aspects of the health and arts program is initiated eighteen months from the commencement of the program and that a full evaluation is undertaken after a period of three years.

### Funding

**B1** That a funding model based upon the eligibility and assessment criteria set out in this Report is adopted and that funding allocation is made in accordance with these specifications.

**B2** That funding decisions be made with the active involvement of representatives of the arts sector as well as representatives of the health sector and subject to Ministerial approval.

### Clearing House / Exchange

**C1** That a clearing house (to be known as the PAth Exchange) be established in a way which leverages off the existing Innovation Exchange of the Agency for Clinical Innovation and be accessible through that site and via the webpages of the Minister and Ministry of Health.

**C2** That initially, this site be restricted to providing access to information as outlined in this report with a possibility of future development into a more interactive portal.

**C3** That funding is provided to the ACI for the development and management of the PAtH Exchange.

**Other**

**D1** That the Minister give consideration to sponsoring a more comprehensive whole of government approach to the integration of health and the arts in co-ordination with the NSW Arts portfolio and numerous other NSW government departments and agencies that deliver relevant services and/or have objectives consistent with the proposed NSW Framework.

**D2** That the Minister gives consideration to the establishment of an All Party Parliamentary Committee on Health and the Arts modelled on the existing example of the United Kingdom Parliament.



## CHAPTER ONE: INTRODUCTION

### THE APPOINTMENT OF THE TASKFORCE

On 5 November 2015 the Minister for Health (the Hon. Jillian Skinner MP) announced the appointment of the following members of the Health and the Arts Taskforce:

- Mr Chris Puplick AM, Chair of the Justice Health and Forensic Mental Health Network (Chair)
- Ms Kate Dundas, Deputy Secretary, Arts and Culture, Department of Justice (later represented by Ms Mary Darwell, Executive Director, Arts NSW, Department of Justice)
- Ms Tracey Callinan, Executive Officer, Arts OutWest
- Ms Margret Meagher, Executive Director, Arts and Health Australia
- Dr Emma O'Brien, Executive Director and Board Member, The Institute for Creative Health
- Mr Sam Sangster, Chief Executive, Health Infrastructure
- Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District
- Adjunct Associate Professor Susan Pearce, Deputy Secretary, System Purchasing and Performance, NSW Health.

During its meetings and operations the Taskforce was assisted by Ms Kim Spinks (Manager, Strategic Initiatives, Arts NSW), and Ms Nea Cahill (Project Officer, Arts NSW) and by representatives of the offices of both the NSW Minister for Health (Ms Katherine Thompson) and the NSW Deputy Premier and Minister for the Arts (Ms Sharne Hiscoke).

Advice in relation to clearing house matters was provided by Mr Raj Verma (Agency for Clinical Innovation, NSW Health).

The Taskforce was supported by members of the Office of the Secretary, NSW Health, specifically Ms Shaune Noble, Ms Claire McKendrick, Ms Elizabeth Harris and Ms Bethany Charlton.

In her Press Release of 5 November, Minister Skinner stated:

*"The experience worldwide is that exposure to the arts has a profoundly beneficial impact on a patient's recovery in hospital and wellbeing in the community. Health Infrastructure already incorporates the arts in design of hospitals and health facilities, from creative spaces to installations and art works. This taskforce will explore broader ways in which art can inspire positive health outcomes in the community, from people living with dementia in nursing homes to jail inmates seeking rehabilitation or paediatric patients being inspired to explore creativity and imagination."*

The Release also quoted the Hon. Troy Grant MP, Deputy Premier and Minister for the Arts as adding:

*“We know the arts and culture can go a long way to enhancing wellbeing. The taskforce will examine how we can further harness this power to deliver positive health outcomes for the community.”*

Minister Skinner subsequently noted in relation to the work of the Taskforce that:

*“Drawing upon the National Arts and Health Framework and the richness of creative initiatives already in place, my vision is to ensure the benefits of the arts are shared system wide with our patients, carers, staff and the wider community.”*

## THE OPERATION OF THE TASKFORCE

The Minister specifically encouraged the Taskforce to undertake consultations on as wide a scale as possible, both in terms of people and organisations across the entire State.

- **Public Forums:** A series of public forums and meetings were held across the State with open invitations for any interested parties to attend. After a presentation by the Chair of the Taskforce a facilitated open discussion took place with free flowing exchange of ideas and suggestions. The forums were attended by approximately 300 people and were held at:
  - Eternity Playhouse, Darlinghurst (30 November 2015)
  - John Hunter Hospital, Newcastle (7 December 2015)
  - Casula Powerhouse Arts Centre Casula (9 December 2015)
  - Dubbo Base Hospital, Dubbo (2 February 2016)
  - Orange Aboriginal Medical Service, Orange, (3 February 2016)
  - Orange Base Hospital (3 February 2016)
  - Riverside Theatre, Parramatta (9 February 2016) [Specific Aboriginal focus group]
  - Glasshouse Arts Centre, Port Macquarie (17 February 2016).

A report summarising the key themes emerging from these Forums is presented at Appendix A.

- **Submissions:** Submissions were called for online, by direct contact and by way of follow-up from the public forums. A total of 67 submissions were received and details of the submissions and a summary of their recommendations is attached at Appendix B.
- **Individual Meetings:** The Taskforce Chair undertook extensive meetings with individuals or small groups of individuals who wished to contribute to the process. These were held between 24 November 2015 and 23 March 2016. The vast majority were face-to-face meetings although a small number of teleconferences also occurred. In total 259 people met with the Chair through this process. A list of participants in this process is attached at Appendix C.

- **Health Site Visits:** A number of site visits were undertaken by the Taskforce. These included Orange Hospital, Orange Aboriginal Medical Service, The Children’s Hospital at Westmead, Dubbo Base Hospital, John Hunter Hospital, Newcastle, Port Macquarie Base Hospital.
- **Institutional Visits:** The Chair undertook a number of visits to some of the major cultural institutions which had expressed interest in the work of the Taskforce including The Australian Museum, the Sydney Opera House, the Museum of Contemporary Art, the Powerhouse Museum, NSW State Library, and NSW Conservatorium of Music.
- **Health Specific Meetings:** A number of meetings were held with parts of the Ministry or Pillars relevant to the work of the Taskforce. These included meetings with the Agency for Clinical Innovation (including separate meetings with its Consumer Council and its Consumer Participation Managers); the Office of Health and Medical Research and the Ministry’s Legal Branch. In addition, presentations were made to meetings of the Council of Local Health District/Speciality Health Network Board Chairs and the Senior Executive Forum (comprising Chief Executives across LHD/SHNs and state-wide agencies). A specific meeting was held with the NSW Mental Health Commission at their Gladesville premises. Representatives of medical schools and training institutions were engaged in a specific meeting addressing questions of the exposure of medical and allied health students to information about the role and value of the arts in the provision of health services.
- **Other NSW Government Agencies:** A number of these were engaged by the Taskforce with a specific meeting with the Department of Family and Community Services, together with a larger inter-agency meeting which was attended by representatives of the following: Department of Education, Department of Family and Community Services, Department of Justice, Arts NSW, Lifetime Care and Support Authority.
- **Other Jurisdictions:** A teleconference was arranged with the participation of representatives of other Australian State and Territory agencies, specifically artsACT, ACT Health, the Australia Council for the Arts, the Commonwealth Department of Communications and the Arts, the Commonwealth Department of Health, Arts NT, Arts Queensland, Gold Coast Hospital and Health Service, South Australia Department of State Development, Tasmania Department of Health and Human Services, Victoria Department of Health and Human Services, Creative Victoria, WA Department of Arts and Arts NSW.
- **External Presentations:** By invitation the Chair made presentations on the work of the Taskforce to the NSW Ministerial Advisory Committee on Ageing, NSW Health Council of Board Chairs and the Creative Ageing national conference.
- **Other:** Although the role of formal **arts therapy** as an allied health discipline within the health system was excluded from the Taskforce terms of reference, as concerns had been raised about this by various arts therapists and their representative bodies, the Chair held a number of meetings with people and organisations in this sector. Similar meetings were also held with representatives of **consumer** organisations.
- **Research:** Considerable research was undertaken to inform the work and meetings of the Taskforce. An initial brief was prepared by Taskforce member Ms Margret Meagher bringing

together key documents and findings from both Australian and international sources related to the empirical evidence supporting the role of the arts in enhancing individual and public health outcomes. Ms Joanne Smith (Hatfield House Consulting) undertook a major systems diagnostic at the outset of this process to survey the current level of activity being undertaken throughout NSW Health. Based on a comprehensive survey sent to each Local Health District/Speciality Health Network, with very high return rates, she was able to present the Taskforce with an important analysis of the state of play and to draw attention to a number of key matters which the Taskforce would need to address. This report is attached at Appendix G.

- **Taskforce Meetings:** The Taskforce itself met on four occasions and its meetings provided a major opportunity for the discussion of issues and the development of recommendations for eventual presentation to the Minister.

## CONSULTATION OUTCOMES

As has already been noted, the Chairman of the Taskforce embarked on a program of community consultations between November 2015 and March 2016 during which time he met face-to-face or had telephone interviews with some 259 people. These meetings, which were with both individuals and organisations, were enormously valuable in gathering a sense of what current and potential participants thought they might be able to contribute.

In this Chapter we present a summary of some of the principal conclusions reached in terms of matters that were raised and suggestions that were made. This must of necessity be seriously incomplete as the ability to give faithful reflection of each of those 259 individually expressed views is somewhat beyond our ability, despite best endeavours.

Nevertheless there are a number of key elements and thoughts that can be distilled from those conversations. They are presented by way of representing the issues raised, categorised by the principal interests involved.

- **Systems related:** that is to say the issues which were raised by participants where the response required or suggested lies at a system-wide level. The principal issues raised were:
  - Getting access in the first instance. The NSW Health system is large and complex and many people expressed frustration about being unable to “penetrate the labyrinth” to find who to talk to or where to go with their ideas, projects and offers
    - It is hoped that our proposed PAth Exchange may serve as a useful gateway in this regard.
  - Encountering a “traditionalist” view of what constitutes “art” and reluctance on the part of some health administrators to consider projects which were unfamiliar or potentially challenging to them – especially in terms of the use of new media and new technologies.
  - Making the programs sustainable within in a long-term program rather than the current situation where most programs are one-off or short-term basis

- proposed governance arrangements, including the development of a strategic plan and funding models; should take a longer term view to see that the benefits of any program are maximised and sustained both administratively and financially
- Securing long-term leadership, especially at Chief Executive and/or Board level, for programs rather than relying upon occasional “champions” who may or may not be able to provide ongoing commitment, support and leadership
- Developing partnerships, particularly at the local level which are meaningful, sustainable and which involve an equality in the partnership between the health system and the artists and/or arts organisations
  - Fostering local initiatives such as an Artist-in-Residence program
  - Understanding the role of consumers and their representatives in supporting and growing programs
- The need to provide physical spaces within health facilities which could be dedicated (or at the very least used on a regular basis) for arts-based activities
  - Many instances were given of spaces which were made available in the early stages of programs or activities but which, over a period of time, became used for other purposes to the exclusion of arts/community activities
- Making use of the most up to date technologies. While all health facilities need to consider the costs and benefits in employing health-related technologies, there was not always an understanding that the delivery of arts-related programs could often be improved if the latest technologies were employed. Facilities lacking internet access; facilities without the ability to broadcast in-house and programs which failed to capitalise on the latest technologies available were highlighted, although of course inequities in access to resources must be recognised
  - For example, it should be recognised that any patient (especially perhaps any younger patient) with a mobile phone is also a potential filmmaker.
- Providing culturally appropriate arts-based responses. What is “art” to one individual may be “rubbish” to another – we are all familiar with this phenomenon. Similarly, “THE ARTS” cannot be defined purely in terms of the perception of any one community. The arts to people in the Aboriginal community, in communities from the culturally and linguistically diverse (CALD) sector, for people with disabilities or for people in confined institutions or circumstances (everything from palliative care to custodial care) may mean a variety of entirely different things. This needs to be recognised, valued, encouraged, promoted and responded to.
- Primary and Preventive Health: Keeping people out of hospitals, nursing homes, institutions and prisons is an acknowledged goal of both NSW Health and the NSW Government. There is far too little attention paid to the use of arts in this sphere of

public health activity. We must move away from thinking about art as something which is provided exclusively within an institutional setting along with medication, treatment, food and accounts. The true potential of health and the arts can only be realised when the broader community develops an understanding of the value of the arts in terms of both improving health and also providing a positive way for people to prevent poor health and avoid the need to rely on institutional care.

- **Artists-related:** there are many aspects of the arts-health relationship which need to be better understood from the point of view of the arts practitioner. These include:
  - Recognition and respect for their professionalism. Just as health professionals expect their skills, experience, qualifications and status to be respected by the health system, so too do artists have an equal right to such recognition. Failure to recognise this puts at risk any potential for both to achieve best outcomes for patients.
  - Respect for professionalism clearly requires an acceptance that professionals are entitled to remuneration concomitant with that professional status. Where arts professionals are engaged by the health system they are entitled to the level of remuneration which is appropriate to the level of their professional status. The same principles apply to recognition of the legal rights of arts professionals engaged by the NSW Health system.
  - Professional artists share with health professionals an understanding and recognition of the role which volunteers play within the health system. Indeed, NSW Health could not operate without the dedicated support of thousands of volunteers at almost every level of its operations. However, engaging volunteers may not be the optimum decision to be made in the interest of patients. Administrators and facility and program managers need to be conscious of the issues arising in any such employment or engagement decisions. Volunteers, who have skills and knowledge of arts practice, also need to be trained to work as artists in healthcare when engaged as volunteers in the health system. It is also imperative that these “health arts volunteers” are managed by personnel who have skills and knowledge in health and the arts.
  - Arts professionals and health professionals bring different skill sets and ways of working to any joint venture. For example, artists often focus on the big picture while health professionals usually focus on individual patients; artists have a freer hand to experiment, taking time to scrape off the palimpsest and starting again on a blank canvas while health professionals are usually subject to great pressure for instant action. All these differences are part of the strength of good arts and health practice and therefore need to be respected and celebrated. Arts professionals will not become experts in health and nor do health workers need to develop expertise in the arts. By understanding differences such as the more open ended and divergent features of creative practice or the need for health professionals to follow set procedures, those working on arts and health programs can maximise the benefits of having the two disciplines working together.

- In terms of language and practice, the health sector is focussed on patient outcomes in a clinical sense, with health restored principally by medical intervention. An artist working in healthcare is focussed on improved patient outcomes from perspectives of self-expression, creativity and community connections, providing emotional and social support.
- Artists who come into the health system for the first time are often exposed to and vulnerable to impacts for which they are singularly unprepared. Dealing with such matters as death, pain, chronic illness, mental illness, anti-social behaviours, patient privacy, medical necessity and systems hierarchy may all be utterly unfamiliar and alien to artists as part of their arts practice. The NSW Health system owes a duty of care to people engaged to help with providing health-related services and this must be recognised and discharged. Appropriate induction of artists into the health environment is important and could be guided by NSW Health's *Policy on Volunteering* which aims to strengthen the relationships between NSW Health and its volunteers; guides volunteer management and optimises the experience and value of volunteering within the system. The maintenance of the ongoing health and wellbeing of the artists with whom the health system engages must be treated on the same level as the accepted responsibilities for the health and wellbeing of any of its employees.
- **Policy related:** Other chapters of this report will address specific policy and procedure development issues, but at this stage four matters are worthy of being drawn to attention:
  - Evaluation is seen as daunting for many practitioners when applied to arts related matters. Something which is regarded as being “in the eye of the beholder” is often thought of as immune to evaluation, or at the very least immune to evaluation at the same level of rigour as other health interventions. There is no need for this to be the case and there is a growing body of evidence demonstrating the benefits of sound evaluations to such programs.
    - The National Arts and Health Framework includes links to many research reports and other evidence about the results of Australian arts and health initiatives
    - Arts and Health Australia has published numerous documents and studies related to evaluation of arts-health programs and has demonstrated that although this can be a challenge, the issues of evaluation can be managed successfully. Indeed they have pioneered a rigorous approach to program evaluation as have a number of other Australian organisations in the field.
    - The recent (2016) publication by Public Health England: *Arts for health and wellbeing – An evaluation framework* is a clear and prescient document which shows just how this can be achieved within a system as large as the England and Wales National Health Service.

- Nevertheless it needs to be recognised that arts-based interventions may have long tails<sup>4</sup>, the value of which may not necessarily be appreciated on a short term basis.
- Medical Education (sometimes defined as “medical humanities”) was raised by a number of our interlocutors. The value of medical humanities within medical education has been well documented, enabling health professionals to enhance their diagnostic skills, communications and empathetic skills as well as providing the health professional with skills and resources to attain lifestyle balance for their own health and wellbeing. However, in Australia there is limited opportunity for students in the health professions to take medical humanities electives. Consultations directly with representatives of the medical education community reinforced this view, although participants evidenced a great willingness to engage in this field. The Taskforce appreciates the time demands on medical students but suggests that this is an area worthy of further exploration.<sup>5</sup>
- The Taskforce has identified a number of existing Policies or Policy Directives which NSW Health has in place. They cover a variety of matters including employment arrangements, insurance, health and safety, volunteering, etc, and compliance with these will be required by all participants in any arts-health program. It should also be noted that issues such as police checks and working with children and vulnerable people protocols must be observed rigorously.
- In terms of overall policy and planning, we have observed that leadership in terms of arts-health programs more often originates with facility planners, hospital managers and arts administrators. It is perhaps to their training and support that greater attention may need to be paid. This is not to say that clinician (most usually Nurse Unit Manager (NUM)-led) initiatives are not evident, but they are generally on a smaller and usually one-off scale.

The Taskforce hopes that in the further body of its report and recommendations we are able to reflect directly and honestly the views of so many people who contributed to this process and whose ideas are valuable, practical and appreciated.

A more detailed report on the thrust and arguments of the written Submissions is presented at Appendix B. Over 60 of these were received and each was considered by the Chair and some members of the Taskforce together with the support staff for our operations. The Taskforce acknowledges the great efforts put into these written submissions by so many people, and places on record its appreciation of their contributions.

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<sup>4</sup> For a more robust discussion of the “long tail” phenomenon see Chris Anderson: *The Long Tail* (Hyperion, New York, 2006)

<sup>5</sup> Arts and Health Australia is developing pilot programs for medical and healthcare students in association with the University of NSW and Charles Sturt University.



## CHAPTER TWO: FRAMEWORK DOCUMENTS

The Minister's terms of reference given to the Taskforce require it to frame its recommendations so that they *will help ensure consistency with the National Arts and Health Framework and the NSW Arts and Cultural Policy Framework (Create in NSW)*.

The **NATIONAL ARTS AND HEALTH FRAMEWORK** was endorsed by a meeting of both the Ministers for Health and Ministers responsible for Cultural matters from the Commonwealth, all States and Territories (Standing Council on Health and Cultural Ministers Council) in 2013.

The Ministers committed their governments to improving the health and wellbeing of all Australians and recognising the role of the arts in contributing to this.

The National Framework was developed to enhance the profile of arts and health in Australia and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities. The development of this Framework was led by The Institute for Creative Health. In response to the diverse Arts and Health sector, The Institute convened a forum at Parliament House Canberra in 2012 with key practitioners and other stakeholders. This led to the establishment of a Ministerial Working Group tasked with developing the Framework.

The National Framework contains links to a range of information relating to arts and health practice including resources, research findings and evidence of the value of a collaborative approach to arts and health. It provides information and guidance to assist State and Territory governments to evaluate existing programs, consider new directions and identify new partners to support arts and health initiatives appropriate to each jurisdiction, and provides examples of best practice and links to key research and information documents.

Key elements of the National Framework are:

- Acknowledgment of the value and benefits of arts and health practice and outcomes
- Endorsement of collaborative relationships between arts and health sectors nationally, and within each State and Territory, as well as across the spheres of government and the non-government sector
- Valuation of the professionalism, excellence and ongoing development of those working in the field
- Acknowledgement of the importance of continuing the research into arts and health practice and outcomes and the growing the body of evidence about the benefits.

The Framework provides a definition of “arts and health” which has been adopted by this Taskforce for the purposes of this Report. That definition states:

*“In its broadest sense, 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. Arts and health initiatives can be delivered across a range of settings. Benefits can accrue for all stakeholders including government, health service providers, artists, those in health care and the wider community and include improved communication, better understanding, attitudinal change and clinical outcomes. Arts and health activities have their effect through different means and are achieved through experiencing the arts as an artist or creator, as a participant or member of an audience. There is clear empirical evidence that arts and health activity is a health-promoting endeavour for all members of society."*

The National Framework gives recognition to the fact that:

- arts and health policies, programs and initiatives with deliberate health and wellbeing goals are in evidence across all States and Territories and take place in a multitude of settings, including in health care facilities and within remote, rural, regional and urban communities
- this practice involves the work of different spheres of government, the not for profit sector including funded organisations and cultural heritage institutions, the community, the education sector, and others such as justice departments
- arts and health activities have intrinsic, instrumental and institutional values and have a demonstrated range of social, artistic, environmental, cultural, economic and health benefits, including the potential to improve the quality of health care
- the contribution of arts practice to the enhancement of health and wellbeing across the continuum of health services – from encouraging healthy living and communicating on health issues, to prevention, treatment and the management of illness and chronic disease, and in rehabilitation and recovery as well as end of life care
- attention to the arts and good design can make the difference between health environments and buildings that work and those that excel in promoting health and wellbeing for patients, staff, clients and visitors
- arts and health practice can contribute to achieving government objectives, in particular across the themes of better health services, reducing health inequalities and Closing the Gap on Indigenous Disadvantage
- advancing arts and health practice in Australia relies on a diversity of sectors and stakeholders working together.

Finally the Framework calls on all governments

*"Within the parameters and resources of each jurisdiction, **Arts and Health departments and agencies** could consider the inclusion of arts and health initiatives across a spectrum of practice models and portfolio responsibilities."* (emphasis added)

Appendices to the National Framework provide valuable links to organisations with expertise in these fields; contacts related to examples of best practice and references dealing with the empirical evidence of how good arts/health policies improve personal and public health outcomes.

It should be recognised that the Framework document is now three years old and there have been many developments in the field since then and many additional areas of activity explored. The Taskforce hopes its Report will contribute to that ongoing discussion.

Prior to the adoption of the National Framework there is little evidence of any of the States or Territories giving this matter considered attention other than the August 2010 publication by VicHealth of their action plan 2010-13 entitled *Building health through arts and new media* which claims that “*Victoria is a world leader in utilising creative activity as a means to promote health and community wellbeing.*”

That document goes on to outline arts-based initiatives related directly to key priority areas such as health inequalities; physical activity; social connection; reducing race-based discrimination and promoting diversity; reducing violence against women and promoting respectful relationships and reducing alcohol and tobacco consumption and promoting healthy food choices. There is much to be learned from this policy document.

**CREATE IN NSW** is the NSW Government’s Arts and Cultural Policy Framework released in February 2015 by the Premier and the Deputy Premier and Minister for the Arts. It states:

*“Create in NSW is a platform for our arts and cultural sector, our communities and our business and government partners to collaboratively shape our cultural future. It supports vibrant arts and cultural activity across our State. Built on three mutually reinforcing ambitions – excellence, access and strength – Create in NSW will guide future strategy, investment and partnerships to grow a thriving, globally connected arts and cultural sector with and for the people of NSW.”*

Arts NSW is charged with playing a strategic leadership role in implementing the policy framework and ongoing engagement with the sector.

*Create in NSW* elaborates each of its three key themes as follows:

**“EXCELLENCE**

*Excellence is possible when artists are supported to be bold and ambitious. Excellent art and culture is about life-changing experiences that can have intellectual, emotional and social impacts. Excellence manifests in art, events and programs that are relevant and connect with communities in new ways. This in turn cultivates diverse perspectives. Excellence is also about reflecting our distinctive strengths.*

*Our ambition for excellence will be achieved through a focus on:*

*Innovation*

*Leadership*

*Aboriginal arts and culture*

*International connections*

*Revitalising infrastructure*

## ACCESS

*Access is about welcoming people to participate in the artistic and cultural life of NSW. The NSW Government is dedicated to increasing participation. We want people to encounter art as part of their daily lives.*

*Two key themes underpin our ambition to increase access:*

*Participation*

*Arts for young people.*

## STRENGTH

*Of great importance to the arts and cultural sector is the talent and capacity of its practitioners and workers. The NSW Government's goal is to make the State a location of choice for the mobile and innovative creative workforce.*

*Building strength in arts and culture in NSW will be achieved through:*

*Professional development*

*Business sustainability*

*Networks and partnerships*

*Research and evaluation."*

*Create in NSW* contains a number of specific references to the synergies between arts and health:

- It identifies actions including building and strengthening partnerships with agencies such as NSW Health and Housing NSW to improve health and social outcomes for Aboriginal people, with a focus on promoting Aboriginal cultural and intangible heritage, language and education
- It reports on a fellowship provided to a NSW professional artists for overseas study including participation in mentoring programs focussed on arts and health initiatives
- It notes that NSW Health is itself a co-signatory of the *National Arts and Health Framework* and thus part of its partnership arrangements in achieving the outcomes of that framework
- It highlights specifically the success of the Weaving Wellbeing project, based at Orange, which is designed to challenge stigma and discrimination around mental health, celebrate Indigenous culture and humanise clinical environments. The project involves a partnership between Western NSW Local Health District, Orange Regional Gallery, Orange Regional Arts Foundation, Orange Regional Conservatorium and Arts OutWest.

The key principles of excellence, access and strength, the central elements of *Create in NSW* are all consistent with the ideas and recommendations which have been examined and supported by the Taskforce.

Throughout the work of the Taskforce Arts NSW has demonstrated great enthusiasm and support for the work of the Taskforce and a comprehensive willingness to be a full partner in any proposed initiatives and undertakings. The Taskforce wishes to acknowledge this and place it on record.

Although not mentioned specifically in our Terms of Reference, the Taskforce also draws attention to one other highly significant document to which all Australian governments are committed, namely the **Universal Declaration of Human Rights**. This states in Article 27:

*“Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.”*

Those who are ill, isolated by ill health, confined in a hospital or institution or otherwise physically or mentally compromised in their lives are just as entitled to enjoy this human right as any other person and enhancing their access to the enjoyment of this human right is central to the work and recommendations of this Taskforce.

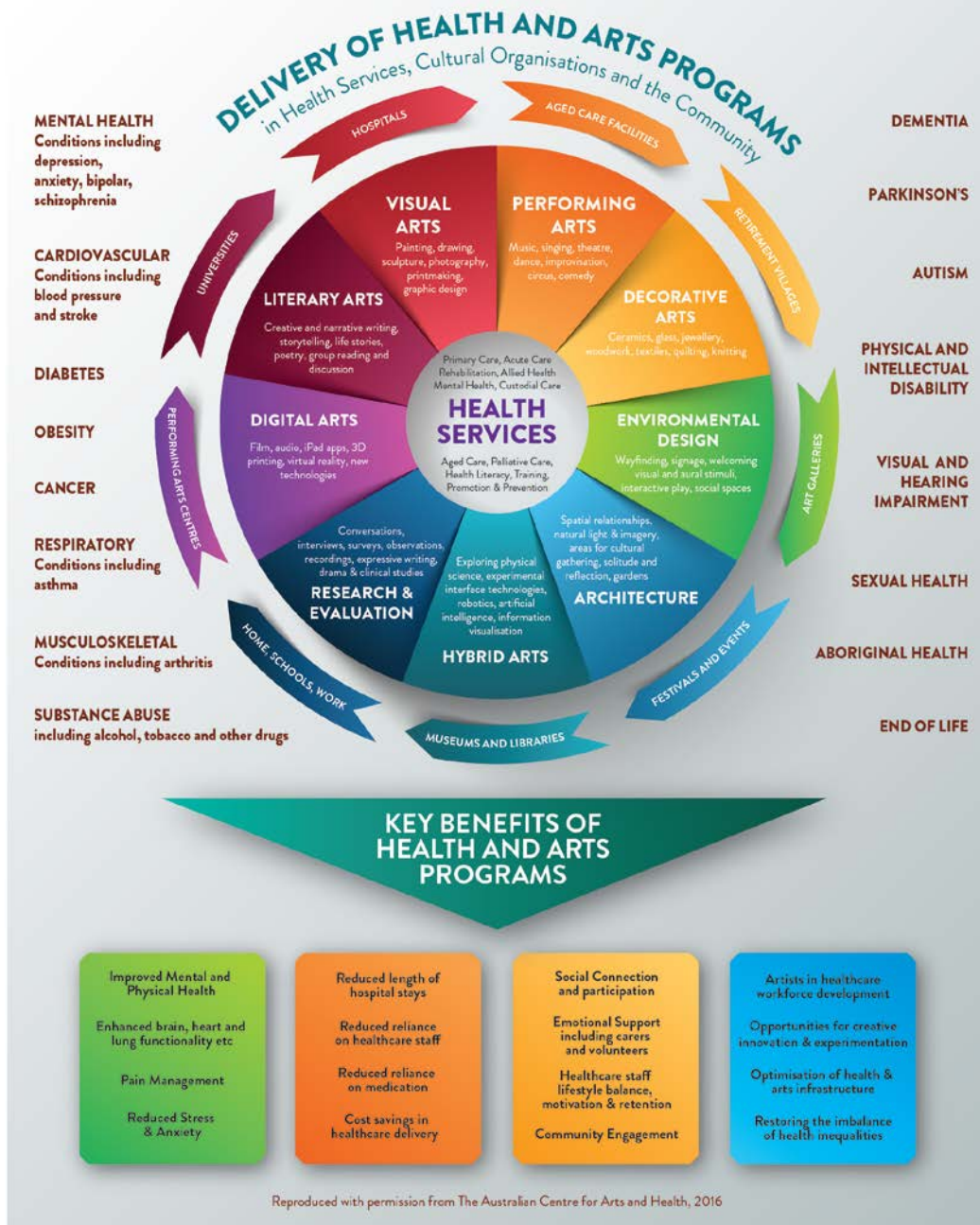
In this respect it is important to consider less prescriptive notions of arts and health that take into account socio-economic and demographic inequalities and social determinants of health.

#### **SPECIAL NOTE: OUR EXPANSIVE APPROACH TO THE DEFINITION OF THE ARTS**

The Taskforce has approached the definition of the arts, for the purposes of this Report as encompassing the widest possible range of activities, indeed perhaps going beyond even what is outlined in the National Framework. Throughout the consultation process, the Taskforce Chair relied on the work of the Arts Health Institute, and particularly their conceptual framework defining the arts across health care, which can be found on page 8 of their 2013 Annual report, available at [http://www.artshealthinstitute.org.au/Files/PDFs/AHI\\_AnnualReport2013\\_Online.aspx](http://www.artshealthinstitute.org.au/Files/PDFs/AHI_AnnualReport2013_Online.aspx)

Building on this, the following graphic, designed specifically to assist the Taskforce by the Australian Centre for Arts and Health seeks to encapsulate the range of arts activities, their scope, delivery methods and proven benefits.

# HEALTH AND THE ARTS



It is not the intention of the Taskforce to try to develop an alternative, comprehensive definition of “the arts”, but rather to work on the basis that creative activity which helps enhance personal wellbeing is worthy of possible inclusion.

However, arts and health is a field that is not simply defined by a list of things but rather a conceptual framework for positive health outcomes and should also address the more complex aspects such as the social determinants of health which can lead to social isolation and loneliness or arts and health programs in schools which are so critical to build resilience, confidence, self-esteem

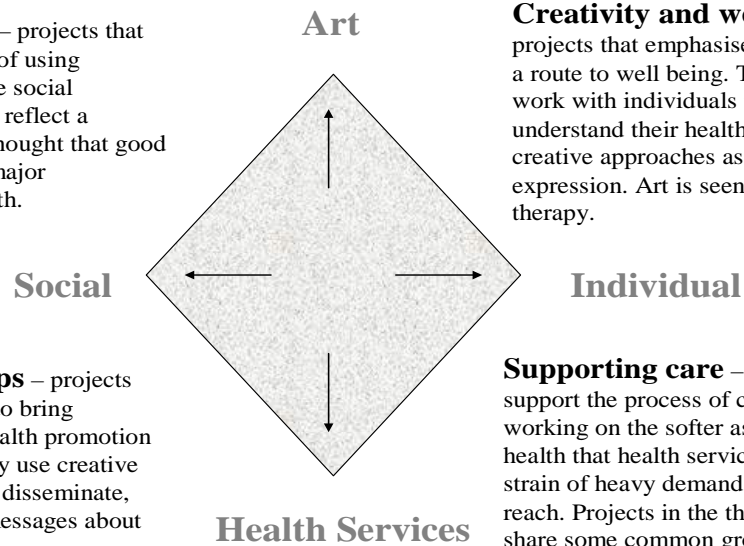
and good mental health. The key art forms should be explained in a simplified way and in a way that is of practical help to the health professions.

This paradigm is well illustrated in a diagram originally produced by the late Mike White who was a leader in this field.

## Key dimensions of arts/health

**Unity is health** – projects that start from the point of using creativity to enhance social relationships. These reflect a growing school of thought that good relationships are a major determinant on health.

**Engaging groups** – projects that engage groups to bring communities and health promotion closer together. They use creative methods to explore, disseminate, and communicate messages about health.



**Creativity and well being** – projects that emphasise creativity as a route to well being. These aim to work with individuals to better understand their health, using creative approaches as a means to expression. Art is seen as a potential therapy.

**Supporting care** – projects that support the process of care by working on the softer aspects of ill-health that health services, under the strain of heavy demand, cannot reach. Projects in the third group share some common ground, but aim to communicate with communities as a whole.

(Reproduced with permission from the author, the late Mike White<sup>6</sup>.)

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<sup>6</sup> Formerly Senior Research Fellow in Arts and Health, Centre for Medical Humanities, Durham University UK and author of *Arts Development in Community Health: a social tonic* (CRC Press, 2009).





## CHAPTER THREE: CURRENT STATE OF PLAY

A system diagnostic project was initiated by the Taskforce to identify the existing level of arts activity and engagement across the NSW Health system. The system diagnostic involved:

An environmental scan of local and international literature on health and arts practice, policy frameworks that support the integration of health and the arts, and organisations which might partner with NSW Health

Two online surveys to gather information from Local Health Districts, Specialty Health Networks the Ambulance Service of NSW, and other NSW Health agencies, about existing initiatives engaging artists and the arts community, and the organisational perspective on opportunities and barriers to embedding arts practice into health services and facilities.

The following summarises key findings, with the report at Appendix G.

### KEY FINDINGS OF THE SYSTEM DIAGNOSTIC

- There is a robust level of health and the arts activity at present, most frequently in visual arts (painting, drawing, sculpture and craft) and Aboriginal arts and culture, and strong awareness of professional artists and arts organisations with whom partnerships can be formed
- Funding models are mixed with NSW Health program and service funding, other NSW Government agency/local government funding and non-government including philanthropic and corporate funding
- Funding is infrequently recurrent and this limits the capacity of any program to achieve sustainable outcomes
- Partnerships and sponsorships with the corporate sector are widespread; however, there is scarce guidance on how to manage these successfully, and concern about the ethical and practical issues which may arise through some forms of partnerships is a disincentive to seeking out partnerships
- Health authorities believe that appropriate spaces for arts are already available in existing built facilities, although, as the Taskforce notes, this is often disputed by the arts sector
- Identified gaps are leadership, coordination, governance and funding
- There is strong support for a clearing house with highest priority functions nominated as accessing information about such matters as:
  - Funding / provision of artworks
  - Brokering relationships, partnerships, sponsorships and networks
  - Providing practical guidance about the design and evaluation of effective arts and health programs and governance frameworks

- Demonstrating best practice sustainable arts and health programs in the visual, performing, literary and digital arts.

### Engagement mechanisms with artists and the arts community

84% of organisational respondents considered that if support (such as leadership, coordination, funding and a governance framework) was available, their organisation could develop new or expanded ways of embedding integration with artists and the arts community into health facilities and community services, programs and events.

52% of organisations are already engaged with a State level arts organisation; the most frequent responses across the State were the Art Gallery of NSW or Arts NSW.

When asked to think broadly about what kind of professional, amateur and volunteer artists and arts organisations the organisation could engage with, the most frequent responses were (in order):

- Visual arts: painting, drawing, sculpture, craft (96%)
- Aboriginal arts and culture (92%)
- Screen and other digital media: film making, film screening, animation (88%)
- Performing arts: music, theatre, music theatre, circus, physical theatre, dance (68%)
- Literary arts (68%).

80% of respondents were aware of professional, amateur or volunteer artists and arts organisations with whom partnerships could be developed locally to the organisation.

72% were also aware of businesses, charitable organisations, non-government organisations or philanthropic organisations with whom partnerships could be established.

### Arts initiatives

50% of organisations share information about health and the arts initiatives with other LHDs, networks or the community.

92% of organisational respondents agreed that spaces and assets in existing facilities could be used for arts purposes. Of these spaces 87% of respondents considered the spaces were appropriate for exhibiting paintings and sculptures in public areas, and using internal spaces and outdoor forecourts and gardens for performance (69%).

The most frequent responses when asked what kind of provisions need to be put in place to integrate arts into the design of new health facilities were exhibition and performance spaces, hanging systems, lighting, audio-visual and digital infrastructure, and guidance regarding curation, asset management, and decommissioning/deaccessioning of artworks.

32% of respondents reported that health and the arts initiatives are delivered to the bedside or in dedicated spaces for patients at end of life or living with dementia.

40% of respondents noted that their organisation did not deliver these kinds of services, so the 32% response reflects 8 out of 15 organisations which did deliver such services.

### Funding models and governance structures

64% of organisational respondents reported that there is no defined local contact or structure for health and the arts.

When asked what would be needed to better support integration of health and the arts, funding and governance responses featured prominently:

- Funding (80%)
- Support for brokering relationships with artists and arts organisations (56%)
- Support for brokering partnerships/sponsorships (48%)
- A practical 'how to' guide (36%)
- Governance framework (32%)
- A clearing house or portal for knowledge-sharing (28%)
- Public arts policy (24%)
- Mechanisms for sustainability (24%)
- Research and evaluation methodologies (24%)

When asked specifically about the potential for a clearing house to support integration of health and the arts in NSW Health, two-thirds of organisational respondents agreed that a clearing house would be useful. None of the respondents answered 'no'; one-third responded 'don't know'.

The primary functions of a clearing house according to organisational respondents were: knowledge sharing, funding models, and a practical 'how to' guide (17% each), followed by support for brokering relationships with professional arts organisations and artists, and support for brokering of partnerships/sponsorships (8% each).

A number of opportunities were identified from the survey findings, including:

- Identifying the 'right' people to hold responsibility for integration of health and the arts is critical; this is not necessarily the practitioners, who are usually located in individual services such as mental health and lack organisation-wide influence
- There are opportunities to increase the scope and scale of practice in performing, digital and literary arts
- A key opportunity for scaling up and increasing efficiency would be to increase regionalisation of initiatives, with significant effort currently invested in one-off events at single facilities

- Governance structures need to be implemented for larger scale initiatives, particularly to support funding eligibility which is presently low or unknown
- Health and the arts should be incorporated into strategic plans and communications, which is presently at a low level
- Health and the arts initiatives could be enhanced by inclusion of research and evaluation elements.

The findings of the diagnostic informed the Taskforce's considerations on possible Governance and Funding models and the proposed clearing house, which are discussed later in the report.

## CHAPTER FOUR: PRELIMINARY MATTERS

### A NOTE ON THE EVIDENCE

It is not the responsibility of this Taskforce to canvass in detail the evidence supporting the role and importance of the arts in contributing to better health outcomes, nor the proven economic value of such initiatives. Throughout our work this has been simply taken as a given. However we do think it appropriate to state the case briefly and to show that such evidence exists and has been evaluated and validated both in Australia and internationally<sup>7</sup>, especially in light of the increasing demands by funding authorities for empirical evidence to support expenditure proposals, in particular those which might be advanced for the first time.

### RATIONALE AND EVIDENCE FOR HEALTH AND THE ARTS

NSW Health is working towards a patient-centred, integrated model of health which incorporates all of a person's health needs, and in which health is promoted and improved both in health care facilities and in the community. The arts form an important part of this model for individual and community health.

While the use of the arts for health improvement at individual and population levels, and in health facility design, has been intuitively adopted in New South Wales and by countries around the world for many decades (or even centuries), in recent years more effort has been spent generating empirical evidence about the health outcomes which arise from the integration of health and the arts.

There is now a growing body of peer-reviewed evidence in the form of reports, evaluations and a number of systematic reviews, establishing a wide range of measurable benefits from the use of the arts in improvement of physical and mental health, and in engaging individuals and priority populations with health messages, programs and services<sup>8</sup>.

At the same time as evidence is being generated, there has also been an increase in the number of health and the arts initiatives supporting health issues such as mental health, Aboriginal health, sexual health, and chronic disease prevention, and an increasing range of collaborations between the health and arts sectors in both health care and community settings. A broader suite of art forms including craft, writing, music, theatre, dance, visual arts, film and digital media are being used. This practice also provides valuable guidance as to the benefits of health and the arts and opportunities for innovative practice to contribute to evidence generation.

Utilising the arts in health settings can lead to greater effectiveness and efficiency in health care delivery, with reductions noted in the need for pain and other medications, length of stay in hospitals, stress and anxiety related to health conditions and treatment, and visits to primary care.

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<sup>7</sup> Many of the key studies are referenced in Attachment Three of the *National Arts and Health Framework*

<sup>8</sup> For example, see Putland, C. (2012) *Arts and Health – A guide to the evidence*, Background document prepared for the Institute for Creative Health Australia, and Fenner, P., Rumbold, B., Rumbold, J., Robinson, P., Harpur, S. (2012) *Is there compelling evidence for using the arts in healthcare?* Health policy evidence brief, Deeble Institute, Australian Healthcare and Hospitals' Association.

The arts have also been demonstrated to improve patient tolerance of symptoms and treatment, self-efficacy, social inclusion, perceptions of care quality, and communication between patients and health professionals (especially where health professionals are themselves engaged in the arts in medical training and practice). Benefits are also shown in health professional observation and communication skills, and work-related stress. These benefits accrue to health services in the form of greater efficiency, better health outcomes, reduced need for care and workforce retention.

More broadly, it is also well established in the evidence that cultural life is a contributor to health. Experiencing, making and performing art brings people together in a way which fosters social inclusion and community participation, and facilitates intergenerational and cultural exchange. These outcomes are particularly important for priority populations including Aboriginal people, Culturally and Linguistically Diverse (CALD) communities, older people and people with disability.

Together with the more recently measurable and reported impacts on health outcomes and health service efficiency, through the use of the arts, the enrichment of community engagement by health services also provides an important element of the rationale for focusing on partnerships between health services and arts organisations as part of a patient-centred approach to health.

A further note from the evidence about health and the arts is that, in designing and implementing such programs, a focus should be on forming sustainable, innovative and agile partnerships between health services and arts organisations and artists. It is through the joint creation of health and the arts programs that the highest gains are to be made for patients, carers, staff and health services.

#### OTHER PUBLISHED EVIDENCE

Attachment Three to the National Arts and Health Framework *Introduction to the evidence for arts and health* provides a comprehensive listing of major research projects, findings and evaluations which support the proposition that arts activities improve health outcomes and provides specific reference to such empirical data from Australian sources as well as internationally.

Arts and health data also relate to the economic benefits which are to be derived in terms of reduction of treatment costs; enhancing productivity; reducing burdens on the health care system and enhancing long-term benefits for patients and families.

It is worth reproducing the National Framework's summary in this respect:

*"Efficiencies in health care services associated with faster recovery times, shorter stays, and lower staff costs through improved satisfaction and retention, have also been identified.*

*Studies (in the USA) have specified a range of cost-benefits in health care linked to arts programs including:*

- *improvements in environmental design resulting in reductions in hospital staff turnover*
- *introduction of music found to eliminate the need to administer sedation in certain procedures with the result of conserving nursing resources*

- *integrating art in ‘wayfinding’ systems to facilitate navigation of the environment not only found to reduce stress in patients and visitors but also found to avoid unnecessary distraction and loss of staff time in giving information and directions*
- *participation in singing groups for older people living independently was found to be associated with less falls, reductions in use of medication and fewer doctor visits, leading to considerable savings in health costs; this aligns with assessments of cost-savings resulting from ‘healthy ageing’ programs in the UK.*

*In Australia, three pathways have been identified whereby the documented effects of the arts in promotion and prevention directly address some of the most important causes of disease burden:*

- *Mental health – addressing anxiety and depression, developing coping strategies*
- *Physical and mental activity – reducing risk of heart disease; maintaining brain health – vital with increased longevity in the population*
- *Social connection – alleviating social isolation which is associated with morbidity and mortality and a range of lifestyles risk factors.*

*A health economics analysis compared the cost-effectiveness of an arts-based approach in the treatment of mild to moderate depression with pharmacological and psychotherapeutic interventions. Based on the literature indicating broadly similar levels of clinical effectiveness, it is suggested that the arts-based approach is likely to be cheaper whilst yielding similar health improvements in participants.<sup>9</sup>*

In this respect the Taskforce draws particular attention to the work of Arts and Health Australia, Arts Health Institute and the Institute for Creative Health Australia all of which have done outstanding work in terms of the research and evaluation components of this field of study.

It is also worth noting that the Tasmanian Department of Health and Human Services published a paper in August 2012 entitled *Arts and Health – the Evidence* which provided supporting data for the policy proposals in its *Healthy Tasmania* strategy.

Although any program or project undertaken by NSW Health must be subject to evaluation at some stage, there is, in the opinion of the Taskforce, no need for further effort to be committed to demonstrating the benefits of an integrated arts program with positive personal and public health outcomes.

## ADDRESSING PRIORITIES

In September 2015 NSW Premier Mike Baird announced a set of 30 “State Priorities”, including 12 “Premier’s Priorities” which were to be central to the future of the State and key to on-going policy development.

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<sup>9</sup> National Arts and Health Framework (2012) at page 24. References omitted



A comprehensive and successful Arts/Health Strategy in NSW will address a number of these.

Among the Premier's Priorities:

- *Improving Service levels in hospitals:* successful programs in the Arts/Health environment will have positive effects in such areas as reducing stress, lowering medication demands, enhancing way finding, improving staff amenity and morale as well as the obvious individual benefits to patients, carers and families. Effective use of art in the preventive health arena (such as designing programs which are culturally specific and arts-based, addressing issues such as vaccination, organ donation, preventive health measures or domestic safety) will impact by keeping people out of hospital and thus allowing the improvement of services for those in immediate need of them
- *Tackling childhood obesity:* arts-based programs which encourage children to participate in physical activity, or which help discourage them from unhealthy behaviours or eating habits can play a vital role. We know from educational evidence that programs which engage children, especially younger and more vulnerable children, based upon arts or entertainment messaging are particularly effective in raising self-esteem, confidence, an interest in learning and a greater ability to discuss openly issues that concern them.

Among the State Priorities:

- *Cutting waiting time on planned surgeries:* planned surgeries are all too often impacted by sudden demands arising from overcrowded emergency departments that recalibrate priorities. Effective arts-based programs which keep people out of hospital (especially out of emergency departments) helps achieve this goal. Campaigns which relate to preventative health strategies (such as falls prevention, safe management of household chemicals to avoid poisoning, increased levels of childhood vaccination, etc) play a vital role in reducing unnecessary demands on emergency services, enhancing the delivery of planned services
- *Increasing cultural participation:* Hospitalisation and illness can be socially isolating for most people, especially for those from Aboriginal or culturally and linguistically different backgrounds. Just because a person is ill, hospitalised or institutionalised, does not mean that they should not be able to participate to a maximum degree in cultural activities. Bringing art into such facilities is one way of addressing this issue
- *Reduce adult re-offending:* there is ample evidence that arts-based programs delivered in correctional or juvenile justice facilities markedly improve the capacity of offenders to reconnect and reintegrate into the community after release. For many such individuals, the development of their arts skills while incarcerated leads to gainful post-release employment. The socialising impact of arts within custodial settings is well established.
  - The Taskforce notes that the National Alliance for Arts in Criminal Justice is the UK's leading network supporting the arts in criminal justice as a springboard for positive

change. There are around 700 members involved in developing creative interventions to support people in prison, on probation and in the community<sup>10</sup>.

## HEALTH AND THE ARTS IN HISTORY AND LITERATURE

Just to demonstrate, as the prophet says, that “there is nothing new under the sun”<sup>11</sup>, the Taskforce draws attention to the fact that the use of art in healing is an idea with an exceptionally long provenance.

Perhaps the first reference to the power of art (especially music) to deal with troubles of the mind is that to be found in the Old Testament.

*“And it came to pass, when the evil spirit from God was upon Saul, that David took an harp, and played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him.”*

Similarly in the writings of Hippocrates (460-370 BC), the so-called “father of western medicine”, there are numerous references to the power of music as a healing agent, even to the extent of specific types of music (string, flute, percussion) being related to curative powers for specific ailments.<sup>12</sup>

An excellent summary of the classical Greek approach to the role of art in health is provided by Kleisiaris et al:

*“The role of music and theater in the treatment of physical and mental illnesses and the improvement of human behavior was essential. It was believed that healing the soul through music also healed the body, and there were specific musical applications for certain diseases. For instance, the alternating sound of the flute and harp served as a treatment for gout. Asclepius was the first to apply music as therapy to conquer “passion”. Aristotle claims that in some, the effect of religious melodies that thrill the soul resembles those who have undergone medical treatment and mental catharsis. The ancient tragedies acted as psychotherapy for patients. The Theater of Epidaurus at the Ancient Temple of Epidaurus was the place where “catharsis” or the release of emotions through performance took place. Moreover, “quiet rooms” were designed in which patients would go to sleep so that they could dream of being mentally healthy, and it was believed that this would help them to improve their mental health.”<sup>13</sup>*

In the quatercentenary of Shakespeare’s death we should note his observation that:

*“In sweet music is such art / killing care and grief of heart”<sup>14</sup>*

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<sup>10</sup> <http://www.artsincriminaljustice.org.uk>

<sup>11</sup> Ecclesiastes 1:9

<sup>12</sup> I Samuel 16:23

<sup>13</sup> Christos F. Kleisiaris, Chrisanthos Sfakianakis, and Ioanna V. PaPatHanasidou : “Health Care Practices in ancient Greece: The Hippocratic ideal”, Journal of Medical Ethics and History of Medicine 2014; 7:6

<sup>14</sup> Henry VIII, Act III sc 1

People may however be more familiar with the often quoted words of William Congreve:

*Music hath charms to soothe a savage breast.*<sup>15</sup>

Speaking in terms of contemporary Australia we might note the words of Clinical Professor David Bennett, Sydney Children's Hospital Network<sup>16</sup>

*"Art is powerful – its potential to foster health and wellbeing in individuals and communities is well accepted but relatively unharnessed."*

Similarly in the United Kingdom, the following quotes, extracted from the *Manifesto for Arts and Health*<sup>17</sup> encapsulate the essence of what the Taskforce believes.

According to Alan Yates, the Chief Executive of the Mersey Care National Health Service Trust:

*"If the arts hadn't been invented we would now do so as a front line health service."*

From the United States we note the observation of Dr Gary Christenson, former President of the Society for Arts in Healthcare that:

*"In embarking to heal, one must first understand the full complexity of the human condition, looking beyond the mere flesh and bone of anatomy and the physiological processes necessary for animation, perception, thought and emotion. For it is the products of these processes that truly distinguish us from all other earthly creatures. We all tell stories, adorn our bodies, design our dwellings, hum our songs, choreograph our movements, and create objects for our visual contemplation. It is the artist who amplifies this humanness and makes it their profession. The manifesto recognizes and calls upon the power of artists to help everyone connect with the healing power of art that dwells in each of us."*

Interestingly, the earliest hospitals were highly decorated and adorned with artworks. The Greek temples and Roman *valetudinaria* contained paintings and statues, as did the earliest Indian hospitals (c. 600 BC).

The world's first genuine public hospital (Damascus, 707 AD) was decorated with exquisite painted tiles and Europe's first hospital (St. Bartholomew's in London, 1128) was decorated with religious painting and iconography.

As "science" took over from "art" in the practice of medicine so the decoration and art work disappeared so that by the 1960's one commentator observed that *"hospitals, wards and patients had to suffer environments in which colour and decoration were taboo."*<sup>18</sup>

In canvassing these opinions and observations, the Taskforce simply makes the point that what we are proposing is not new; it is not without sound empirical evidence to support it; and it is not without international approbation and practice.

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<sup>15</sup> William Congreve (1670-1729), *The Mourning Bride* Act 1 sc. 1

<sup>16</sup> David Bennett: *The promise of sustainability for the creative arts in adolescent healthcare*, Article for The Institute for Creative Health News (2014)

<sup>17</sup> Clive Parkinson: *Manifesto for Arts and Health*, Manchester Metropolitan University, 2010/2011

<sup>18</sup> Ruth Nitkiewicz: "Art in Hospitals", *The King's Fund*, 15 April 2016.

## CHAPTER FIVE: MODELS OF GOVERNANCE AND FUNDING

In this Chapter the Taskforce addresses the first two of our Terms of Reference which relate to the range of mechanisms and models

- for incorporating the arts into the design of health facilities and the delivery of health services, and
- to provide for the governance and funding of arts initiatives.

### Part 1: GOVERNANCE MODEL

In considering the variety of governance models which could be adopted for the development and administration of a comprehensive state-wide arts and health program a number of alternatives were canvassed. These may be summarised as follows:

Models and Mechanisms	Analysis
Senior engagement and leadership. Critical role of the Chief Executive.	Implementation evidence shows that engagement of senior people in a health organisation is a key factor in successful health and the arts initiatives. Senior people (at Director and Executive level) are best placed to provide aspirational leadership and to effectively link resources and programs across a large organisation and the community.
A local nominated individual to act as a key point of contact and lead implementation	The system diagnostic and targeted consultations showed that this approach works best when part of a position can be dedicated to this task in an ongoing way rather than as an 'add-on' to an existing, fully committed role. Local arts coordinators could be networked across an LHD/SHN, across regions and across the State. (Networking of local arts and health contacts can be achieved in other governance models which also engage a broader range of people in governance).
A Local Health District / Speciality Health Network (LHD/SHN) committee-based approach to governance	This approach was broadly supported by consultation participants. A Health and the Arts Committee (or establishment of health and the arts as part of the remit of an existing governance structure) has the benefit of engaging a number of people in arts and health sectors in the tasks and provides an identifiable

	entry point to Health Services for artists and arts organisations.
Board engagement in governance	The governance model should include a role for the LHD/SHN Boards. The form of the role of the Board is a matter for local decision-making; the Board could be actively involved in governance or informed through a regular report by the Chief Executive. It must, however, have some defined and recognised role. The Strategic Plan established by the Board and Chief Executive could appropriately contain the commitment to health and the arts as an ordinary part of the business of LHDs/SHNs.
Independent entity as governance mechanism	The system diagnostic identified an example of a governance arrangement establishing an Incorporated Association. This was established to manage the intersection between the arts and health sectors, and provide a legal structure for applying for non-Health funding. However, this benefit needs to be balanced with the loss of control by the Health Service over its health and the arts programs and the potential governance, financial and reputational risks that might follow.
Government / Agency Partnership	The Department of Family and Community Services (FACS) implemented a model that directed funds to priority projects as agreed in partnership with Arts NSW drawing upon Arts NSW's state-wide arts knowledge, and developed grant administration process. Whilst this approach worked well in this particular instance, it would be essential to ensure full engagement of local communities, LHDs and SHNs in implementing any similar arrangement.
State-wide support for governance through policy development	The Ministry of Health can develop public policy relating to health and the arts initiatives, including addressing specific issues which arise in health and the arts practice, and prioritising the incorporation of arts into health policy.  A clearinghouse will also be developed to share information, networks, resources and ideas

	relating to health and the arts.
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The Taskforce, with the assistance of Ms Joanna Smith (Hatfield House Consulting), undertook detailed consultations with Local Health District Chief Executives, LHD/SHN Board Chairs, members of the Ministry Executive and Branches, and Local Health District staff who are currently managing arts initiatives to develop a governance model which is fit for purpose for health and the arts initiatives.

We have been guided by these consultations in coming to a specific and preferred model of governance which we believe best reflects the views of those who participated and will be capable of implementation with minimum disruption to LHD/SHN operations while maximising the support from Chief Executives and Board Chairs.

The specific purpose of a governance model for health and the arts is to establish a mechanism for:

- Aspirational and agile decision making which supports innovative thinking for health and the arts programs
- Fostering and guiding sustainable partnerships between the health and the arts sectors
- Accountability, particularly accountability to proper standards to the expenditure of public money
- Transparency, including transparency about decisions taken by the Health Service, and for reporting on activity in health and the arts to the community.

Recognising that specific health and the arts initiatives may require a tailored governance structure, and/or that local conditions may suggest an alternative approach, the preferred governance model is a **Local Health District/Specialty Health Network committee-based model**.

This model has the following **high-level characteristics**:

- A Health and the Arts Committee is formally established to provide governance across a Health Service (alternatively, the committee’s functions could be incorporated into the remit of another appropriate committee, such as the Consumer Advisory Committee). The Committee seeks to achieve the over-arching purpose of health and the arts and, specifically, to facilitate the governance function and to provide appropriate reporting.
- The Chief Executive retains ultimate decision-making power in relation to all aspects of facility and land use, financial allocations from Health Service funds to arts and health initiatives, the entering into of arrangements with external partners and funding bodies, and risk and reputational issues related to the Health Service. The Committee provides expert and community advice, and the Chief Executive can delegate decisions to the Committee as appropriate.

- The Board of the Health Service is engaged in governance. The exact role of the Board is a matter for local decision-making by it and the Chief Executive. The Board may be actively involved in governance through membership of the Committee, or kept apprised of health and the arts initiatives through a regular report from the Chief Executive.
- The Committee develops a strategic plan for health and the arts in the LHD/SHN. The strategic plan established for the Health Service by the Board and Chief Executive could appropriately contain the commitment to health and the arts as an ordinary part of the business of LHDs/SHNs. A strategic plan for health and the arts can be developed by the Committee, taking into account local community consultation, the needs of priority populations, local skills and expertise in the arts, including regional public art galleries and museums and performing arts venues and community needs for the arts.<sup>19</sup>
- The Committee also provides a nominated forum to which issues and proposals can be referred and advice provided to Chief Executives in a timely manner, through which risks can be identified and managed, and a defined entry point to the Health Service for artists and arts organisations, who have reported that locating a contact for arts engagement within Health Services is difficult. However, it is up to each LHD/SHN to determine where such entry points might be identified – either via the Committee, or the Chief Executive or their nominee.
- Given what the Taskforce has said about effective communication as a key element of developing health and arts initiatives, it is strongly suggested that within this model there should be a position (rather than a person) specifically nominated by the Chief Executive as the principal contact point for all programs. The engagement of health service leaders is critical for any successful program to be implemented. This position, directed and advised by the Chief Executive or Committee, could be akin to that of the existing model of NGO Co-ordinators which exist in most LHDs/SHNs. This would be the position where parties outside the health system could seek contact in the first instance and it would be their responsibility to broker the initial relationship between such parties and the appropriate party or parties within the health system. Equally their role would be to seek out the contacts in the arts and wider local community to whom people inside the health system would be seeking access, information, support and partnerships, thereby responding to the representations made to the Taskforce by the arts community about the need for clear and open communication channels between them and the health system.

At a state-wide level, the committee-based approach (especially with a nominated direct contact officer) also allows Health and the Arts Committees to be networked together easily across regions or the whole state, facilitating information sharing and dissemination of skills, expertise and capacity in artistic endeavours.

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<sup>19</sup> There are numerous examples of existing partnerships between the health system and local or statewide institutions, such as the partnership between Orange Hospital and the Orange Regional Arts Gallery, the dementia-related tours provided by the Art Gallery of NSW, disability-friendly tours at Taronga Park Zoo and the Museum in a Box initiative of The Australian Museum with the Royal North Shore Hospital.

Further detail regarding the Committee model is considered below.

### STRATEGIC PLANNING

The Health Service's program for health and the arts should be developed strategically, in consultation with key stakeholders including community representatives, local cultural institutions, libraries, contracted and volunteer artists, patients/clients, staff, carers, consumers and visitors.

To provide the greatest opportunity for leveraging existing infrastructure and resources for health and the arts, a scan should be undertaken of existing and upcoming arts initiatives in the community, as part of strategic planning.

The strategic plan should also contemplate the community's expectations regarding curatorial practice (see curatorial guidelines). For example, the St Vincent's Hospital has a policy of avoiding artworks with nudity, as mandated by its Board in line with its religious/ethical standards. Local curatorial policy may be specific to areas within the Health Service, or across all facilities. For example, certain Aboriginal art created by men may not be appropriately located in women's and babies' units.

### REPORTING

The Committee should be responsible to the Chief Executive of the Health Service, and to the Board through the Chief Executive.

If the Chief Executive delegates the Committee to another senior Executive, the Committee must retain an opportunity to report to the Chief Executive.

The Committee should report activity against its own and its sponsor's strategic plans.

Reporting should be made to the community in a publicly available way. This can be accommodated within corporate plans and the annual report of the Health Service, or in a specific report on health and the arts. Health and the arts engagement can also be reported and promoted through consumer, carer and community publications.

Monitoring and evaluation is also an important part of reporting. While the level of practice across New South Wales is not yet well established enough to warrant a state-wide program evaluation, evaluation tools are available to support evaluation of local initiatives.

Monitoring the level of community engagement with Health Service health and the arts initiatives may also be feasible through established community surveys and feedback mechanisms such as the Community Advisory Committee.

### Engaging Expertise for Governance

Consumer, community and arts sector engagement is considered a key element of success. There is no 'one size fits all' model for membership of the governance structure however certain skill sets and representation of priority populations will be required. There are two guiding principles which



can support engagement of members in a governance structure, based on the purpose and function of governance of health and the arts described here:

*Purpose of health and the arts governance*

- Aspirational and agile decision making which supports innovative thinking for health and the arts programs

*Functions of health and the arts governance*

- Engaging Health Service leadership and innovative thinkers across sectors in development and oversight of health and the arts programs

With these principles in mind, there are a range of skill sets which would be useful in governance structures. For example:

- arts expertise through local cultural institutions (and regional and state institutions where those relationships are in place), and individual professional and volunteer artists
- consumer and carer representatives
- community representatives including local priority populations
- Aboriginal representation given the cultural significance of arts to Aboriginal communities
- representation of Culturally and Linguistically Diverse communities where appropriate
- Health Service representation at an appropriate level for governance
- Health Service representation of program areas which undertake arts practice
- volunteer and fundraising organisations such as the Hospitals Auxiliary, Rotary, etc., and
- Universities, which often have their own art collections and established relationships with Health facilities through professional development arrangements and where opportunities exist for collaborative research to be undertaken.

Boards or Chief Executives may also elect to participate on the Committee and/or include a Board member on the Committee.

It is not anticipated that committee members would be remunerated, but members may need appropriate training and commitment to working under the Code of Conduct and Terms of Reference of the committee. The Taskforce acknowledges that this could potentially disadvantage participants without relevant employment positions, and ultimately it would be for each LHD/SHN to determine their own position, consistent with any policy directives from the Ministry.

Members will be invited to participate in the Committee given their personal and professional expertise and interest in health and the arts, or as representatives of particular organisations. The Board or Chief Executive will determine a process for inviting membership of the Committee, or may delegate this function to the Chair of the Committee.

Terms of reference should be drawn up which reflect the particular character and needs of each LHD/SHN.

### Functions of a Governance Structure

Whatever the form of structure for health and the arts governance, the basic functions of governance include:

- Engaging Health Service leadership and innovative thinkers across sectors in development and oversight of health and the arts programs
- Responding to areas of focus nominated by the Minister for Health and NSW Health policy about health priorities
- Preparing a local strategic plan for health and the arts programs, based on consultation regarding local health and arts needs and priorities
- Establishing and fostering sustainable formal and informal partnerships between Health Services, the arts sector and professional and volunteer artists, and the community (especially priority populations), to deliver health and the arts programs in Health Service facilities and the community
- Providing oversight of health and the arts initiatives, including seeking funding from arts and philanthropic sources and/or establishing funding mechanisms that address eligibility for funding such as partnerships with arts organisations which are eligible to apply for funding
- Providing guidance on education and training and capacity building needs for health and the arts programs
- Providing such advice to the Health Service Chief Executive as may be requested
- Monitoring and reporting progress against the strategic plan to the Health Service Board and community
- Supporting documentation and evaluation of health and the arts programs and contributing to knowledge transfer.

More specifically, responsibilities might include:

- determining specific arts and health projects in line with the strategic plan
- allocating, securing and managing funding from government and private sources

- selecting, contracting and managing artists and project personnel, including appropriate checks and inductions
- ensuring genuine participation of patients and health staff, including managing for positive health outcomes
- ensuring programs are evaluated effectively and that data is collected at key milestones
- risk management and compliance
- promotion and community awareness raising
- financial and project reporting.

### TRAINING AND CAPACITY BUILDING

The Committee may be responsible for the identification of needs and management of capacity building and training of professional and volunteer artists working in Health Services. Training, education and support for the development of artists' skills, particularly in relation to working with patients, are key to successful health and the arts and managing risks inherent in these initiatives.

An opportunity is presented here for NSW Health to work with Arts NSW and other relevant and experienced arts organisations to develop state-wide training programs which could be offered directly, or more conveniently, online. Such an initiative might be one suitable for consideration by the Ministry's Health Education and Training Institute (HETI).

Such support might include:

- navigating the relationship between patients and clinicians
- building effective collaborative partnerships
- managing patient confidentiality
- supporting their own physical and mental health in addition to the health of patients
- practicing sound occupational health and safety
- working with children, vulnerable people, clinicians, and carers, and
- understanding the role and qualifications of professional arts therapists and professional artists in healthcare
- navigating evidence, relevant data collection and program evaluation.

Equally, training clinical and non-clinical Health Service staff in arts and governance skills such as arts literacy, arts skills, applying for funding, managing corporate and philanthropic partnerships, etc. can be an important part of integrating health and the arts in Health Services and facilitating high quality arts practice. This is where state-wide training programs may be of particular benefit.

## POLICY GUIDANCE

At the outset, it can be said that existing Ministry Policy Directives provide substantial guidance in relation to governance, covering such matters as corporate governance; sponsorship; fundraising; conflicts of interest and gifts; consumer and community participation; occupational health and safety and way finding, to name but a few.

All such operations must, of course, take place in accordance with the requirements of the Ministry's *Code of Conduct*.

It is likely that specific policy guidance will be required to address common practice issues in health and the arts, for example:

- guidelines in relation to commissioning or accepting donations of artworks, which also provide for the de-commissioning of artworks at a future point
- how to manage corporate sponsorships appropriately in this context
- ensuring arts assets are appropriately insured and maintained, and
- legal issues including insurance, copyright and ownership.<sup>20</sup>

It is anticipated that these would be developed by the Ministry in consultation with relevant experts and then provided to each LHD/SHN for their use or possible adaptation.

Strategic arts policy is also available to guide Health Services, including the *National Arts and Health Framework* and *Create in NSW*. These sources, including the areas of focus in the national framework, the opportunities for NSW in *Create in NSW*, and the evidence base summarised in both policies, can be used by local health and the arts committees to guide the direction of local strategic planning.

## Part 2: FUNDING MODELS

Funding models are in place in relation to integrating the arts into capital works, but funding mechanisms are required to better sustain existing funding sources, seek new external funding sources, and allocate any new health funding.

Although no announcement has been made nor any commitments given by the Minister, the Taskforce is presuming that some additional funding will be made to support this arts-health initiative and that LHDs/SHNs will be able to access this new money.

### Capital works

Capital works developments bring a dedicated commitment to integration of arts into health service facility design. Funding models are established through Health Infrastructure for incorporation of the arts into capital works developments. Health Infrastructure has a community engagement

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<sup>20</sup> The Taskforce held detailed consultations with the Arts Law Centre which is a source of expert advice about such matters and may well be engaged on an outsourcing basis to provide such advice to LHDs/SHNs.

planning process in place which actively identifies opportunities for innovative and appropriate art in building design in consultation with local communities, particularly Aboriginal communities. Capital works programs have initiated longer term arts initiatives in several LHDs; however, funding is limited to capital works, and thereafter funding has not been able to be sustained beyond the development phase from local sources.

This lack of sustainability has been highlighted throughout this Report and must be addressed if any long-term arts-health program is to be viable. Funding for major capital works without funding for their maintenance and integration with arts and community projects is not best practice; however, with the establishment of local governance arrangements, there is an opportunity to support the long-term sustainability of arts programs.

In a paper for the Taskforce, Health Infrastructure outlined its operations thus:

*“Health Infrastructure (HI) addresses artwork through the Planning and Delivery phases as required by the Ministry of Health’s Process of Facility Planning (POFP). HI incorporates a line-item for artwork as a subcategory of the furniture, fixtures, and equipment (FF&E) allocation in the Pro-Forma Standard Cost Plan as part of the Cost Planning and Reporting Standards Policy.*

*For illustration, in HI’s Example Cost Plan, 1% of Net Construction Cost (NCC) is allocated to artwork. Generally, a Project Manager, Project Director and Cost Manager will settle on a discretionary allowance for artwork.*

*This Cost Plan goes through a rigorous governance process, requiring approval from the Planning and Development Committee (PDC), Project Planning Team (PPT), and the Executive Steering Committee (ESC).*

*HI has selected artworks that emphasise the outside world – rather than the clinical environment – and as a mechanism for community engagement. This process gives buy-in and ownership to the process.”*

In relation to the design of new facilities and the upgrading of existing ones, the Taskforce suggests that in each instance consideration be given to providing funding specifically for some form of art work which recognises and acknowledges the prior ownership and continuing stewardship of Aboriginal land.

#### Existing LHD/SN funding and sourcing external funding

The system diagnostic showed key sources of funding for current health and the arts practice are:

- LHD/SN funding, primarily program funding
- non-Health government funding sources including local council grants and Arts NSW grants
- external funding sources including arts sector funding (local galleries, for example), hospital fundraising bodies, philanthropic bodies and corporate sponsors.

To date the majority of LHD/SN arts initiatives have not sought external funding, largely because of a lack of knowledge about available funding opportunities and the expertise (arts literacy) to access arts funding. Philanthropic sources of funding are also widely used in the arts sector; however, they are usually one-off funding arrangements.

It should be noted that access to existing arts and philanthropic funding is highly competitive, and while our system diagnostic revealed that many LHDs had been successful in attracting external funding, they must do so in an intensively competitive environment. Understanding and addressing this challenge requires a level of skill and expertise.

Most LHDs/SHNs have established fundraising and philanthropic partners and there is opportunity for these partners to be engaged in health and the arts priorities, particularly through membership of governance structures. Further, universities often provide partnership funding for arts initiatives and the tertiary education sector may present a currently untapped opportunity for funding and accessing art works and arts expertise across fine arts, performing arts, literary arts and digital arts.

Universities are also logical partners in health and arts programs to contribute to the evaluation of the programs and the processing of associate and valuable research data.

One of the purposes of any clearing house would be to help provide information to all elements of the health system to enable them to obtain a clearer picture of the funding possibilities and opportunities which exist and which have been accessed successfully by their peers.

The Taskforce acknowledges that there is a problem in relation to funding because health-institution based arts organisations are generally ineligible to apply for funding from the usual public sources (especially government programs) as they are not incorporated organisations.

As part of the Dubbo Hospital Redevelopment, Health Infrastructure initiated the establishment of an arts organisation, Base Art Incorporated, to overcome this problem. The Taskforce visited Dubbo and met with representatives of Base Arts Inc. They informed us that they had been successful in accessing funding from a variety of sources because of their incorporated status.

However, in order for such an incorporated organisation to be established it must be registered with and report to the corporate regulator; adopt a constitution, and appoint/elect an independent Board.

The Taskforce does not believe that this model is generally appropriate or feasible across the entire NSW health sector although it acknowledges the great work and success of Base Arts Inc. at Dubbo.

On the other hand, it is possible for health institutions to enter into formal partnerships with arts organisations which are themselves eligible to apply for and can manage funding from external sources in both the public and private sectors. There are examples of such partnerships with Arts OutWest where that organisation has been funded for projects which involve health authorities as a partner. Furthermore many arts organisations have Deductible Gift Recipient (DGR) status, making them eligible to apply to foundations and other philanthropic bodies for funding.

### If new Health funding was identified

If new funding were to be made available for health and the arts initiatives, there are several options for its distribution based on existing funding models:

- Allocations by a formula, which might be based on total population with weightings for rurality and priority populations, with decisions about expenditure of funding taken at the local level (such as some current program funding models)
- Allocations based on applications for specific purposes or projects (for example, the Non-Government Grants program)
- Allocations granted on a competitive assessment of applications based on determined criteria (such as used in the Integrated Care Strategy and the Translational Research Grants Scheme).

It is, of course, possible to accommodate a system of funding which combines all of these elements to a greater or lesser degree. In this respect the quantum of funding available become a key determinant.

In the event of new funding being made available it would be necessary to establish a set of criteria to cover both eligibility and selection for such funding.

Sample **eligibility criteria**, based on both evidence about implementation factors for successful health and the arts initiatives as well as NSW Health governance requirements, could include that:

- the host organisation must be an LHD or SHN or a partnership involving more than one of them, perhaps with some limited non-health partnerships included
- the proposal should directly link to a state Health or Arts strategic plan, including the Health and the Arts strategic plan if one has been developed for the Local Health District or Specialty Health Network
- the proposal must demonstrate engagement and consultation with relevant stakeholders, in particular local cultural institutions, arts organisations, contracted and/or paid professional artists, priority populations, patients/clients, carers, staff and visitors, in development of the proposal
- proposals must demonstrate a clear governance structure for the project including dedication of the funds to the project, that funding will be matched through local funding or in-kind support, and a defined mechanism for public reporting
- funding will not be allocated entirely to infrastructure or commissioning of artworks, or staff positions already part of the establishment, but these may form an appropriate part of the expenditure of the funding.

Sample **assessment criteria**, based on the areas of practice identified in the National Arts and Health Framework could include the:

- extent to which the proposal addressed state and local strategic priorities (such as keeping people healthy and out of hospital) and aligns to priority health programs (such as Aboriginal health, end of life care, mental health)
- extent to which the proposal extends or creates partnerships and collaborative approaches between local cultural institutions, arts organisations, and professional (paid artists) and volunteer artists, as well as government, community, business and education sectors and the Health Service
- extent to which the community, especially priority populations, are engaged in the proposal as artists and audiences
- extent to which the proposal incorporates appropriate education and training across health and arts professional groups
- potential to scale the proposal across settings, for example in other facilities, with other communities, or across LHDs/SHNs
- extent to which the proposal is innovative in its arts practice and extends the art forms used in the Health Service
- evidence base, strength and rigour of the proposal's design
- capacity for the proposal to be monitored, documented and/or evaluated in terms of arts practice, community engagement and partnership-building with the arts sector.

At this stage the Taskforce is presenting only a general outline of what we see as the desirable elements of both governance and funding. In the event that the Minister gives further directions as to her preferred model it will be the responsibility of the Ministry to develop all the supporting documentation covering the issues raised above before any formal program is launched.

### **An Important Cautionary Word: Health Inequities**

Although NSW Health operates as a single entity there remain significant inequities between LHDs/SHNs, between individual facilities and between access to resources. Geography and socio-economic conditions can be determinants of health, which add further disadvantage to patients burdened by ill health. Research in the United States has concluded that being lonely and lacking social connections is a comparable risk for early death as smoking 15 cigarettes a day and has a worse impact than obesity and lack of exercise.<sup>21</sup>

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<sup>21</sup> Campaign to End Loneliness UK <http://www.campaigntoendloneliness.org/threat-to-health/>



This is well recognised by NSW Health and there are various strategies in place to address such disadvantages and inequities with the identification of priority populations and decisions weighted to overcome such problems with various adjustors applied in relation to matters such as Aboriginality, rurality and socio-economic disadvantage.

Our examination of the current environment of arts-related health programs has demonstrated significant inequities already apparent in the system. There are a number of facilities, such as the Sydney Children’s Hospital or St. Vincent’s which have well developed arts policies and significant art collections. They have, through their own considerable efforts, been able to engage curators and are able to attract donors and raise substantial non-government funds. Similarly, Orange Hospital is an outstanding example of where the presence of a significant regional Art Gallery has been able to lead to a wonderful collaboration for the sharing of artworks and activities.

By contrast the Justice Health and Forensic Mental Health Network is disadvantaged significantly in comparison. It is not able to easily engage outside artists (for security reasons); it is unable to raise significant non-government funding (people do not make donations to “criminals”); it cannot operate a volunteer network to assist in program delivery; and its patient population is the most socially and economically disadvantaged in the state.

The governance of the Health and the Arts program must support excellence and best practice of health and the arts across NSW with a core focus on promoting equity across all parts of the system and ameliorating inequity and disadvantage.

## CHAPTER SIX: THE CLEARING HOUSE/PATh EXCHANGE

A clearing house is a central location for the collection, maintenance and distribution of information and resources.

Typically such clearing houses have been a feature of financial and banking arrangements, but more recently have developed into a variety of other fields, including both health and the arts.

However, given the general association of the term 'clearing house' with the financial and banking sectors, in order to distinguish it and more clearly reflect its primary purpose, we are proposing to call this initiative the **PATh EXCHANGE**.

### Purpose of the PATh Exchange for NSW Health and the Arts Initiative

The purpose of the PATh Exchange portal in regards the NSW Health and the Arts initiative is to:

- facilitate the exchange of information and ideas on the incorporation and funding of the Arts across NSW Health
- promote innovation, encourage dialogue and participation for the audience and stakeholders
- foster a community committed to leveraging the arts for world class health care services and facilities into the future, across NSW

### Audience and Intended Users

Defining the target user community is one of the most important tasks in building or establishing a portal. Defining the target audience and the kinds of activities they will perform on the portal is necessary in order to narrow down and define the features, content and system integration needs of the portal.

The audience and intended users of the clearing house are expected to include, but not be limited to, the following;

- medical and health professionals and practitioners (both at the administrative and clinical levels)
- patients, clients, their carers and families
- artists and the arts community, including arts and health organisations and practitioners
- consumer and carer groups and organisations

For the purposes of the Taskforce, this would most likely take the form of an online portal (content portal) which brings information together from diverse sources in a uniform and accessible way in order to share and exchange ideas and knowledge and foster collaboration. Content portals are

those portals whose primary purpose is to share knowledge or information. These types of portals are informational in nature.

Although there are a number of sites, several listed in the National Framework document, which provide information, none is set up to be an exchange mechanism as we envisage, and to the best of our knowledge no Australian jurisdiction has developed such an instrument.

We have, however, identified a number of overseas sites which provide some sort of activity akin to what we are proposing.

*National Alliance for Arts, Health and Wellbeing* (supported by the Arts Council England)

<http://www.artshealthandwellbeing.org.uk>

The National Alliance for Arts, Health & Wellbeing was launched in 2012 in the United Kingdom and established a website to promote understanding of the impact that taking part in the arts can have on health and wellbeing, and explore the way the arts can improve the health of people who experience mental or physical health problems. The website includes resources such as research papers, funding sources, news articles, and a page devoted to current initiatives and projects, and a directory of stakeholders and services providers which has now attracted more than 700 organisations.

*Arts in Health – NHS Networks*

<https://www.networks.nhs.uk/nhs-networks/arts-in-healthcare>

Arts in Healthcare is a basic online portal which was established to promote, share and encourage the use of art and creativity in the healthcare environment across the United Kingdom. The portal is intended for people interested in art, creativity and how these areas can impact on health and wellbeing. The portal shares up-to-date information on research, opportunities, resources and courses and includes a message board and blog section, and information on news and events.

*Arts for Health, Manchester Metropolitan University*

<http://www.artsforhealth.org>

Arts for Manchester Metropolitan University (MMU) is the UK's longest established arts and health organization with specialist knowledge in research, advocacy and development, working with Arts Council England and the Department of Health and a range of partners to better understand the impact and transformative benefits of creativity, culture and the arts on health and wellbeing.

*ArtsEdSearch* (developed by the Arts Education Partnership, United States)

<http://www.artsedsearch.org>

ArtsEdSearch is an online clearing house that collects and summarises high quality research studies on the impacts of arts education and analyses their implications for educational policy and practice. The portal is designed to be an interactive, living resource that will grow and evolve along with arts and education research and practice. The research in ArtsEdSearch is evidence-based research on arts education that uses appropriate research methods to examine specific outcomes of arts

education for students or educators in both in-school and out-of-school contexts. The development of ArtsEdSearch was guided by a working group of experts in education research and policy and is supported by funding from the National Endowment for the Arts, the Ford Foundation, the U. S. Department of Education, the Wallace Foundation and the William and Flora Hewlett Foundation.

There are two Australian sites which are akin to what we are seeking to develop which should be recognised.

*Australian Disability Clearing House on Education and Training*

<http://www.adcet.edu.au>

ADCET provides information, advice and resources to Disability Practitioners, Teachers and Students on inclusive practices within the post-secondary education sector. Their portal aims to attract practitioners, teachers and students with disability. The clearing house includes links to news, events, articles, webinar, pathways and a blog site.

*Women's Health Victoria, Injury Prevention in Women (Clearing house Connector)*

<http://whv.org.au/publications-resources/clearinghouse-connectors/chc-injury-prevention-inwomen>

The Injury Prevention in Women clearing house is a more rudimentary example of a clearing house. This portal is a single page format which breaks up each resource or link into respective headings (e.g. overview, falls, self-injury, workplace injury, policy, related websites etc.).

#### KEY ELEMENTS OF THE PATH EXCHANGE

The Taskforce has benefitted from detailed work done by and in consultation with the Agency for Clinical Innovation, where we propose that the PATH Exchange should be housed. The Taskforce notes, however, that some further development may be required to ensure that the existing portal can accommodate the loading of visual and video material.

Drawing on their advice we have identified a number of factors which need to be considered in the planning and development of an exchange to ensure the end product achieves its intended outcome.

- Strategic objective

A clearly determined strategic objective for the aim and purpose of the Exchange including expected outcomes, target audience and users and timeframes.

- Content profile

A clearly defined content profile detailing what information will be provided through the clearing house and how the information will be presented. Examples of this may include name, date, type of project, aim, benefits, summary, lead organisation, contacts, status, background, solutions implemented and evaluation results.

- Functionality

The development of the exchange should ensure its functionality matches the expectations of its audience and users. This can relate to the structure of documents on the exchange (e.g. taxonomies, directories or appropriate headings or groupings), search functionality, navigation of the website, information integration (content management), integrated social media features, discussion forums and blogs, and security.

- Exchange platform

Determination of the most appropriate platform to locate the exchange taking into consideration the scope of features, integration with other platforms or websites and the strategic objectives of the clearing house.

- Maintenance & governance

The allocation of dedicated staff and resources (including access to people with arts expertise) for the maintenance and upkeep of the exchange, as well as managing the process of submitting information onto the portal will be required. Alongside this, a governance structure to support this process should be developed, and determination of which level of access users should have to various areas of the portal (i.e. profile and content filters).

- Communication strategy

A specific communication plan informing users, stakeholders and the community that the exchange has been established, and the features and benefits which the exchange intends to provide.

We see the Exchange developing over a period of time starting as a resource for various participants in the health sector to access information from established sources and growing eventually to a more inter-active site into which individual practitioners in both the health and arts communities can contribute.

Such a development is, of course, dependent upon the provision of adequate financial, technical and personnel resources and the clear identification of who would have responsibility for the oversight of the Exchange and its operations to make sure that it operated successfully.

The Taskforce discussions have identified a need on the part of health practitioners to be able to find contacts within the arts community who are capable of fulfilling their needs and interests. They are equally concerned to be able to access information about what has already been done, or is currently being done within the whole NSW Health system and to find people with whom they can talk about practical experiences of what works, what is best practice and what are the lessons to be learned in developing better arts-based health initiatives.

Similarly, people in the arts community who believe they have a contribution to make within the health sector find it generally impenetrable, hard to access and user-unfriendly when seeking details of what is already accepted as arts-health practice or to whom they should be addressing their enquiries or offers.

The PAth Exchange would seek to address the needs of both constituencies from the outset. On the one hand, information can be provided about current practice and available resources, and on the

other, access to the health system by arts practitioners can be facilitated. That would allow a genuine exchange to take place.

At any time, a part of the health system (LHD/SHN/hospital/clinic/research facility etc.) should have the capacity to load into the Exchange details about what they have been doing in the arts/health space. It would be useful if this were moderated in a way which established some sort of uniformity or standardisation of reporting, although this is by no means essential. However, details about projects could include information about their development, governance, costing, implementation and evaluation along with pictures/graphics/videos which are relevant.

Guidelines could be developed to assist health practitioners in this respect.

The Minister and the Office of Medical Research are placing a considerable emphasis upon support for *translational* research which, in short, aims to turn bright ideas into good practice. One of the functions of the PAtH Exchange would be to promote opportunities for such translational research, turning the bright ideas of both artists and health practitioners into practical outcomes for patients and communities. Initiatives in this area might even qualify for funding from the Office of Medical Research.

At some stage in the future, it may be possible for individual artists or arts organisations to have details of their services, activities, skills and experiences linked into the Exchange. This clearly is a more complex matter and would require formal content moderation to ensure conformity with the standards expected by NSW Health in relation to information provision from any of its own sources.

Equally, to ensure the effectiveness of the Exchange it will be necessary for there to be the closest engagement with all elements of the arts sector to assist health professionals to identify appropriate contacts.

It is an observation drawn from the Taskforce's extensive consultations that not only are there deficiencies in communication between the health and arts sectors, there are equally such deficiencies within the arts communities themselves. Very often one arts organisation knows little or nothing of what others are doing, even if they are in closely related fields. The PAtH Exchange would serve a secondary purpose of helping to improve this communication within and between arts organisations, to the mutual benefit of all.

The PAtH Exchange would also be available to lead to information about such matters as the Innovations Awards; NSW Government policy statements; relevant Ministerial statements; other relevant NSW Ministry policies or guidelines (eg Sponsorship) and similar resources produced by other Commonwealth, State or Territory health agencies or by international agencies.

The Taskforce believes that the initial establishment of the PAtH Exchange should be facilitated by leveraging off the existing ACI Innovation Exchange portal.

There are a number of advantages to this, in comparison with the development of a stand-alone PAtH Exchange.

In the first instance, the current ACI Innovation Exchange is well-established and regarded, and has extensive functionality – although this would require some modification for the purposes of this exercise.

Secondly, use of this existing facility would allow exposure of the PAth Exchange site to those already using the existing ACI portal and would serve to reinforce the idea that such programs were both “mainstream” and accepted as integrated fully within the remit of NSW Health. The site would be designed so that access would occur through the Ministry of Health and/or the Minister’s website with an option to click on an Arts-Health icon leading directly to the PAth Exchange.

Finally, such an option would allow access to the services of existing NSW Health employees (in ACI) and would also result in far lower establishment and maintenance costs than any proposed stand-alone new site.

If, as is said, “knowledge is power” then the provision of more knowledge about how to improve the integration of arts and health activities can only lead to better empowerment of both health and arts practitioners, something which in turn leads to better personal and public health outcomes.

## CHAPTER SEVEN: ADDITIONAL CONSIDERATIONS

The Taskforce terms of reference do not preclude us from offering commentary on other matters which have come to attention as a result of our consultations and deliberations. In this respect three matters of particular interest have arisen, all of which relate to a more holistic approach being taken in support of the central arts-health initiative.

### Portfolio Co-ordination

Arts-health activities take place in considerably more portfolio areas than simply those connected directly with the Ministry of Health and Arts NSW. For example:

- Premier and Cabinet as Minister for Western Sydney: numerous arts-health activities are being undertaken
- Education: arts activities which relate to improved student fitness, healthy eating and wellbeing
- Ageing and Disability: programs in retirement villages, nursing homes and aged care facilities
- Environment: control of national parks and facilities such as Zoological Parks Board where visits and programs designed for people with disabilities or where visits are arranged for therapeutic purposes<sup>22</sup>
- Attorney-General: responsibility for Juvenile Justice facilities where arts-health programs are part of rehabilitation and reintegration strategies
- Corrective Services: where arts programs for inmates relate not only to rehabilitation and reintegration services, but where art-based education campaigns related to health matters such as hepatitis C and HIV prevention, anti-smoking and healthy lifestyles exist
- Aboriginal Affairs: where the arts have a special role in connecting with and providing health messages to Aboriginal people across the State
- Planning: where integration of arts-health programs into various public works initiatives occur but where regulatory requirements impact on the ability to access arts spaces and facilities
- Finance and Services: has responsibility for the Life Time Care and Support Scheme which is aimed at rehabilitation of motor vehicle accident victims and where arts therapy and access programs feature prominently.

There may well be other portfolios where relevant activities take place or are supported but which have not been brought to the attention of the Taskforce.

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<sup>22</sup> Arts and Health Australia is working with NSW National Parks on an "Arts, Health, Wellbeing and the Environment" concept.



Given the extent to which so many portfolios seem to have activities which are arts-health related, it may be worthwhile considering whether, through the Social Affairs Subcommittee of Cabinet, some attempt is made to focus and co-ordinate these activities in a more coherent fashion. In this respect it would also be vital to ensure the full engagement of Arts NSW in any such process.

### Support of Health Promotion Strategies

With the advent of a state-wide health and the arts framework, comes an unprecedented opportunity to embark on a health promotion campaign across NSW to promote the benefits of the arts and creative engagement on health, wellbeing and human flourishing and productivity.

Health promotion messaging can be greatly enhanced by a creative, artistic approach across a variety of media, including print publications, flyers and posters, radio, television, online and various new technologies. We have already referenced this in terms of the success of such initiatives in support of Australia's and NSW's early HIV/AIDS strategies.

It is also critical to engage with those working in traditional media, to publish information which is accurate and not driven by 'headlines'. Opportunities exist to develop a specific arts and health media strategy designed to encourage positive reports on the value of arts and health in health services and community health, reinforcing the leadership role undertaken by NSW Health, in partnership with Arts NSW.

The media can also be utilised effectively for specific health promotion campaigns conducted on an ethical basis and with permission. For example, the potency and reach of popular culture as a vehicle for raising awareness of health screening was illustrated by the increase in breast screening following an Australian actress' diagnosis of breast cancer.

An article on *Medicine and the Media* in the *Medical Journal of Australia*, (2005), explored the impact of celebrity illness on breast cancer screening and concluded that:

*There was a 20-fold increase in news coverage of breast cancer, which emphasised that young women do get breast cancer and that early detection was critical. Overall screening bookings rose 40% in the 2 weeks of the publicity, with a 101% increase in non-screened women in the eligible age-group 40–69 years. Six weeks after the publicity, bookings remained more than a third higher in non-screened women.*

The summary of this report suggests that health advocates should develop anticipatory strategies for responding to news coverage of celebrity illness.

There are other examples in Australia and internationally where well known personalities, artists (across the visual, performing and literary arts), sportspeople or society figures including politicians) have become advocates for arts and health initiatives to combat conditions such as depression, cancer, Parkinson's disease and dementia.

The linking of such campaigns with platforms provided by various forms of social media offer a unique opportunity to connect with both marginalised groups and those less frequently in contact with traditional health promotion campaigns and advertising.

The Australian Centre for Arts and Health has developed a handbook for advancing arts and health within the media and is currently working on concepts for use on digital and social media with advertising creative personnel.

### Parliamentary Support

The United Kingdom Parliament has established an All Party Parliamentary Group on Arts, Health and Wellbeing.<sup>23</sup>

The Group was established in January 2014 and is supported by a secretariat provided by a non-government organisation, the National Alliance for Arts, Health and Wellbeing. Apart from the Parliamentary members, the All Party Group has established partnerships with a number of organisations which have a health and arts focus, including King's College London and the Royal Society for Public Health.

It is assisted by an Advisory Group which includes leading health and arts organisations in both the government and non-government sectors, together with bodies involved in medical education, and with a peer panel of artists representing a range of art forms.

The stated aims of the All Party Group are:

*“To enable backbench parliamentarians, of all parties and from both Houses, to be informed about significant practice in the field of arts, health and wellbeing; to provide a springboard for parliamentary action, such as debates and questions for oral and written answer and make policy recommendations.”*

Its program of activities from November 2015 to October 2016 covers the following proposed themes:

- The Arts and palliative care, dying and bereavement
- Post-traumatic stress and the Arts
- Museums and Health
- Young People, Mental Health and Resilience
- Arts-based Social Prescribing
- Community Arts and Public Health: community cohesion
- Arts and Healthcare Environments.

Minutes of the meeting of the All Party Group, together with documents presented and discussed are made available to the public on the Group's webpage.

The Taskforce considers that the establishment of such a group within the NSW State Parliament could be a valuable initiative and could play a significant role in promoting a greater understanding

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<sup>23</sup> [www.artshealthandwellbeing.org.uk/appg](http://www.artshealthandwellbeing.org.uk/appg)

of and support for arts-based health activities throughout the State actively encouraged and promoted by local Members.

**APPENDIX A: SUMMARY OF KEY THEMES EMERGING FROM  
CONSULTATION WORKSHOPS**

# **HEALTH AND THE ARTS**

**Stakeholder Consultations:  
Summary of Key Themes Emerging from  
Consultation Workshops**

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## 1. Introduction

In November 2015, the NSW Minister for Health, the Hon. Jillian Skinner MP, appointed a Taskforce on Health and the Arts to provide advice on how to better integrate arts and health activities across NSW Health.

This work was informed by the *National Arts and Health Framework*, and the *NSW Arts and Cultural Policy Framework (Create in NSW)*.

Through extensive consultation the Taskforce explored how health and the arts currently work together in NSW Health, how this partnership is benefiting patients, clients, carers and staff, and opportunities to better integrate arts and health activities.

Consultation was undertaken through a series of stakeholder engagement workshops involving over 300 participants.<sup>24</sup> Those consulted included health, medical and arts professionals, key organisations, patients, clients, carers, artists and the broader community.

This report summarises the key themes raised during the stakeholder engagement workshops to inform the Taskforce's final report to the NSW Minister for Health and the development of the Arts and the Health Framework.

## 2. Overview of the consultation process

The NSW Ministry of Health conducted four public stakeholder engagement workshops and two focus workshops with members of the Aboriginal and Torres Strait Islander community. Workshops were facilitated by the Taskforce Chair, Mr Chris Puplick AM.

The workshops were held as follows:

Date	Venue	Approximate number of Attendees
<b>Monday 30 November 2015</b>	Eternity Playhouse, Darlinghurst	134 attendees
<b>Monday 7 December 2015</b>	John Hunter Hospital, Newcastle	26 attendees
<b>Wednesday 9 December 2015</b>	Casula Powerhouse, Casula	67 attendees
<b>Wednesday 3 February 2016</b>	Orange Hospital, Orange	44 attendees
<b>Wednesday 3 February 2016</b>	Orange Aboriginal Medical Service	17 attendees
<b>Tuesday 9 February 2016</b>	Riverside Theatre, Parramatta	13 attendees
<b>Wednesday 17 February 2016</b>	Glasshouse Arts Centre, Port Macquarie	34 attendees <sup>25</sup>

<sup>24</sup> Figures exclude any taskforce members and support staff who attended a workshop.

<sup>25</sup> Figures exclude any taskforce members and support staff who attended a workshop.

## Key Themes

### 3.1 Governance & Partnerships

Stakeholder feedback indicated it is often difficult to find the entry point to the health system as an artist or arts organisation. Suggested solutions included:

- A local champion or nominated individual as a key point of contact for arts and health
- A committee-based approach to the governance of arts and health
- A networked structure of local arts coordinators within a Local Health District

The complexities and long lead times of NSW Health funding decisions in partnering with arts groups favours established, recurring arts initiatives able to put in applications well in advance. There was support for building in mechanisms to fast-track decision making for the up-take of approaches from the arts sector.

There was support for NSW Health to review best practice for governance of arts and health in other Australian jurisdictions.

### 3.2 Design of Health Services/Facility Planning

Health facility planning was a significant topic in workshops and in particular the importance of bringing greater curatorial and design thinking to health facility planning.

Specific issues included:

- Integrating art from the beginning of health facility planning is paramount, with aspects like light, space, colour, sound/acoustics, hanging systems, storage, conservation, WIFI and dedicated space for arts activities taken into consideration.
- Dedicated space for arts activities in health facilities and the community is also seen as a priority, with interest in incorporating art into the Australian Health Facility Guidelines despite noting the risk that art is perceived as a 'soft' deliverable.
- The value of having a dedicated 'cultural planner' on health facility planning teams was put forward as a consideration versus the current practice of commissioning advice from arts consultants.
- While it was noted that health facility planning is a catalyst for the initiation of arts and health initiatives, the sustainability of any arts and health programs following facility completion is acknowledged as a challenge.

### 3.3 Partnerships across Government

There was strong support for brokering formal partnerships across different levels of government to foster collaboration between health and the arts.

Local government and councils were seen as a key player in such a process with further opportunities to:

- fund arts initiatives in health facilities
- facilitate tri-partite agreements between the arts sector, local government and Health
- scope and audit existing local programs to investigate which programs were producing health outcomes
- use of community facilities for arts & health

There was also support for greater collaboration between state government agencies in arts, health, disability, ageing, justice and the environment.

### **3.4 Funding and Sustainability**

Funding was a prominent topic. Artists in particular highlighted the lack of sustainable funding for arts and health, the challenges of working to three-year grant funding rounds and the fact philanthropic funding is not always sustainable.

Some stakeholders indicated the provision of funds through a commissioning process was more effective than Health incrementally spending funds throughout the life of a project. It was also noted that the defined period of some grants funding may not lead to the best arts and health outcomes.

There was wide support for transparent funding processes and for creating new funding criteria showing a demonstrable benefit to patients. Some existing funding criteria also requires a minimum number of participants with the same health condition, but encompassing different health conditions would broaden the availability of initiatives to more people.

### **3.5 Art Curation Guidance**

Participants believe there's a need for rigorous guidance on the management of art collections. Particularly for decisions on where and how to hang art, labeling, rotation, what to do with unwanted art, lighting and art conservation. There was also support for the use of local artists in the curation of a local health service's arts and health program.

It was suggested that Guidelines address practical issues such as infection control and artwork, for example in relation to the hanging of tapestries. It was suggested that some hospitals permitted art to be hung in wards (including tapestries) whereas others did not.

Other issues raised included:

- Acquisition or what to accept/not to accept and how
- De-commissioning, cataloging, storage, signage, security, valuation, insurance, asset registration of works
- moral rights of artists and intellectual property issues
- Training for artists to work in the health setting



### **3.6 Capacity Building and Support for Artists and Volunteers**

Workshops backed more training, education and support for the development of artists' skill sets, particularly in relation to working with patients and how to:

- navigate the relationship between patients and clinicians
- manage patient confidentiality
- support their own physical and mental health in addition to the health of patients
- practice sound occupational health and safety
- work with children, vulnerable people, clinicians, and
- understand the role and qualifications of professional art therapists.

There is a need to identify where volunteers fit into arts and health, and acknowledge their contribution. A number of artists and volunteers working in the health system have undertaken Mental Health First Aid Training, Palliative Care Training, or Peer Support Mental Health Certificate IV. It was suggested that good practice might be to pair artists with health workers so that their complementary skill sets could be employed to cover off both arts and health.

### **3.7 Clearing House**

There is strong support for an online portal to facilitate an exchange of ideas and information on incorporating and funding the arts across NSW Health. It was suggested that the Clearing House could house an online directory on where to go to for professional advice on art curation and conservation, and practical guidance to support an arts and health program.

The Clearing House could promote partnerships between the arts and health sectors and there was support for an online function whereby members of the arts sector could register their interest to partner with the health sector.

The Clearing House could improve communication between patients and the arts sector, particularly on local initiatives or as a guiding point for pitches from the local arts sector. It was noted that the term "Clearing House" was unfamiliar to the arts community, and a more favourable name might be found.

### **3.8 Nomenclature – The Object(s) of Arts and Health**

There were a number of suggestions about nomenclature concerning the objects/beneficiaries of arts and health initiatives.

Whilst patients benefit it was noted that the word 'patients' does not fully encompass all those who could benefit from arts and health. These include persons from culturally and linguistically diverse communities, carers, families, clients, visitors, staff and the broader community, and members of the Aboriginal and Torres Strait Islander community.

Stakeholders suggested that some alternatives to the use of the word 'patient' might be 'community' or 'community of health practitioners and people' which could be used to describe all the persons who interact with health services.

### **3.9 Patient Feedback**

It's important to engage patients in decisions about artwork that is of interest to them, but more could be done to obtain this information from them.

There was strong support for providing patients with the opportunity to be involved in the process of creating art, recognizing the duty of care to patients – to ensure that artists who work with patients are appropriately trained and providing services that will be of benefit to them.

### **3.10 Art Therapy**

There was some concern that the use of the arts in therapy was not the focus of the Taskforce. While it was acknowledged that Art Therapist is a recognized classification in the NSW Health Service Health Professionals (State) Award, many worried there is a lack of clarity and distinction between professional art therapists, and the use of art in the design and delivery of health services.

Health professions and/or volunteers use arts and creativity in their work, and this was noted as distinct to professional art therapists. There was support for greater recognition of the role and qualifications of art therapists, and for greater protections to the industry by way of professional standards. Art therapists also supported a greater number of full-time job opportunities for art therapists to work for and/or partner with NSW Health.

### **3.11 Medical Education**

The role of the arts in medical education to support professional development and improve staff satisfaction is seen as important. A number of stakeholders support integrating arts and health into medical education through partnerships between universities and hospitals, but overcoming barriers to arts and health initiatives in the medical model was cited as a concern.

There was strong support for an official health narrative on the contribution and importance of arts to health. It was suggested that guidance on the range beneficial/proven arts and health initiatives would be useful so as to avoid reliance on subjective value judgments by individuals concerning what will be beneficial to a patient.

### **3.12 Equity**

How to distribute resources equally across NSW Health so that regional and remote health services have the same level of opportunity in arts and health was identified as an important consideration. Stakeholders also noted that existing health facilities should also have the same opportunities to integrate the arts as new facilities.

### **3.13 Evaluation**

Support for further development of rigorous evaluation models for arts and health initiatives is strong, particularly the capacity to quantify outcomes and show demonstrable benefits. Key performance indicators should be framed using language from both the health and arts sectors.

It was suggested that evaluation could go beyond health outcomes and measure things like community and cultural engagement. There was support for best practice evaluation models capturing the benefits of arts and health initiatives for health staff.

### **3.14 Mental Health**

Participants acknowledged the importance of the arts to people experiencing mental illness. Unique barriers for these patients to participate in arts activities were identified including restrictions on freedom of movement, and access to arts materials or digital arts mediums like the internet. It was noted that having access to a safe space was important for these patients.

### **3.15 Multicultural Health**

There was strong support and acknowledgement of the role of the arts in multicultural health and its successful application in health promotion and prevention. Stakeholders believe NSW Health has a unique opportunity to lead on showcasing and promoting multicultural art in the community, with strong support for NSW Health's partnering with multicultural arts festivals.

### **3.16 Long-term health illness / shared experience / lived experience**

There is a desire for arts and health programming to be developed around small groups of people with a common long-term illness or a shared/lived health experience like hemophilia, acquired brain injury, mental health, stroke and disability. It was acknowledged that one-off initiatives encounter common challenges in relation to ongoing sustainability, and there was support for a more strategic approach across the Health system.

### **3.17 Aboriginal Health**

The role of Aboriginal arts and cultural expression in improving health and wellbeing, accessibility and appropriateness of NSW Health services was widely acknowledged.

The use of the arts to promote healing or provide an opportunity to initiate conversations about how patients feel about their health was noted. Patients' feelings about their patient journey were paramount and the arts are integral to engaging patients on a social, emotional and spiritual realm.

A number of examples of the effective use of the arts to connect patients and their families to Aboriginal country/ nations, culture and wellbeing were raised. These included the use of art competitions in schools, the use of health promotion videos and local artwork of Aboriginal nations in birthing units, artwork on dental vans that visit schools, and community weaving and terrazzo projects at new hospital developments.

One suggestion was that base hospitals establish a cultural centre where members of the Aboriginal community could feel welcome, to facilitate greater support and promote a better connection to community. The visual arts and performing arts have an important role in making people from Country feel welcome in a health service.

The provision of adequate visitor space for members of the immediate and extended family was seen as a key consideration in health facility design. In relation to 'gathering spaces' in existing hospitals, consideration might be given to the local climate (with outside spaces inappropriate in winter).

The use of the arts to engender and build a more effective partnership between the local health service and local Aboriginal Medical Services is a key opportunity:

- artwork could be used in co-branding exercises
- digital arts (film) capturing individual patient stories can be used in cultural training for staff. Aboriginal medical services to deliver arts and health initiatives
- Use of the arts to deliver preventive health programs and services

It is seen as important to have a central point of contact in the health service concerning the arts. Dedicated Aboriginal health and arts funding could also be made available to create a strong presence in health facilities.

There was support for use of the arts to educate health staff about Aboriginal history and culture. A number of stakeholders shared stories concerning their family's experiences of discrimination in public health services and emphasised the importance of raising awareness to support the delivery of culturally appropriate and safe care.

In relation to the curation of Aboriginal arts and health initiatives, the importance of working with local artists and local arts organisations over major cultural institutions was highlighted by stakeholders.

There is also a need to seek appropriate culturally curatorial advice on how to manage artworks (for example film/photography) in a culturally appropriate manner. For example works that feature Aboriginal Elders who have since passed away.

It was suggested that the Principles of Community Arts & Cultural Development could be a useful reference tool for arts and health initiatives. It was also suggested that an Aboriginal Advisory Group could work with the Taskforce to help inform the cultural appropriateness of the Framework and associated work.

## APPENDIX A1 – Stakeholders that attended a Workshop

<b>Arts sector organisations</b>	Arts Health Institute Arts OutWest Bankstown Arts Centre Base Art Inc. Beyond EmPAthY Casula Powerhouse Arts Centre Carriageworks Eastern Riverina Arts Health and Arts Research Centre, Inc Information and Cultural Exchange Inc Institute for Creative Health Milk Crate Theatre Company Octapod Shopfront Arts Co-op Arts and Health Australia Australian Centre for Arts and Health
<b>Music</b>	Australian Chamber Orchestra Fine Music 102.5 Gondwana Choirs Mitchel Conservatorium Musica Viva Australia National Live Music Office Peninsula Music Services Silver Memories-Radio
<b>Performing arts</b>	Australian Performance Exchange Bangarra Dance Theatre Can You See Me? Theatre   Ever After Theatre CDP Theatre Producers Moogahlin Performing Arts Performing Lines Pupperoos Powerhouse Youth Theatre Seymour Centre Stalker Theatre Sydney Theatre Company
<b>Festivals</b>	Head On Photo Festival Sydney Festival Sydney Fringe Festival
<b>Literary arts</b>	Australian Writers' Guild Northern Rivers Writers' Centre NSW Writers' Centre WestWords Word Travels

<b>Visual arts</b>	<p>Australian Centre for Photography          Belinda Mason Photography          Gosford Regional Gallery          Museums &amp; Galleries of NSW          Regional Manning Gallery          Southern Tablelands Arts          Torrid Films</p>
<b>Other art/creative organisations</b>	<p>Arterie          Art as Therapy          Art in Motion          Auburn Diversity Services and Auburn Uniting Care          Being          Creative Groundz Studio          CPR - Conservation, Preservation, Restoration          CICADA International Inc          Coalition of Mischief          Creative Learning Outcomes          Emily Dash Inc          Engel Studios          Heffalump Dezin          Holy Spirit Croydon          International Conservation Services          KidsXpress          Outlandish Arts          Pioneer Clubhouse          Roomies Arts          Seizure   Xoum          Shoalhaven Health and Arts          Studio A          Saretta Art &amp; Design          SAHELI/SEVA International          Sense Connexion          Total Purpose          ThetaWave pty ltd</p>
<b>Art therapy organisations</b>	<p>ArtFull Therapy          Australian and New Zealand Arts Therapy Association          The Dramatherapy Centre</p>
<b>Tertiary education providers</b>	<p>Australian Catholic University          Charles Sturt University          Macquarie University   ACPE          Sydney College of the Arts          University of Newcastle          UNSW          University of Sydney          UTS</p>

	<p>University of Central QLD Western Sydney University</p>
<b>NSW Health organisations</b>	<p>Cancer Institute NSW Central Coast Local Health District Clinical Excellence Commission Far West Local Health District Justice Health &amp; Forensic Mental Health Network Health Infrastructure Hunter New England Local Health District Illawarra Shoalhaven Local Health District Murrumbidgee Local Health District Nepean Blue Mountains Mental Health Service Northern Sydney Local Health District NSW Multicultural Health Communication Service South Eastern Sydney Local Health District South Western Sydney Local Health District Southern NSW Local Health District St Vincent's Health Network Sydney Children's Hospitals Network Sydney Local Health District Western NSW Local Health District Western Sydney Local Health District</p>
<b>Aboriginal health</b>	<p>Orange Aboriginal Medical Service Yenu Allowah Aboriginal Child and Family Centre Gomerai gaaynggal Centre Sydney Childrens Hospital Ngala Nanga Mai pARenT Group</p>
<b>Other health organisations</b>	<p>Alzheimer's NSW Bathurst Health Council Black Dog Institute Canowindra Health Council Catholic Care Social Services Catholic Healthcare Centre for Rural and Remote Health GATEways To Recovery Grand Pacific Health Health Information Management Association of Australia Multicultural Disability Advocacy Association Macarthur Community Reps Network Macarthur Disability Services Orange Palliative Care Community Consultative Group Recover wellbeing @ CatholicCare Social Services Parramatta Richmond PRA Schizophrenia Fellowship of NSW St Vincent de Paul</p>
<b>NSW State</b>	<p>Art Gallery of NSW</p>

<b>Cultural Institutions</b>	Sydney Opera House State Library of NSW
<b>Foundations</b>	Sydney Children's Hospital Foundation Starlight Children's Foundation Tanja Liedtke Foundation The Humour Foundation
<b>Government organisations</b>	Ageing Disability and Home Care Arts NSW Bathurst Regional Art Gallery City of Sydney Department of Family and Community Services Family Planning NSW Fairfield City Council History Council of NSW Holroyd City Council Kiama Council Lithgow Library Local Government NSW Office of Environment and Heritage, National Parks and Wildlife Parramatta City Library Parramatta City Council Penrith City Council Orange Regional Gallery Orange City Council Orange Regional Conservatorium TAFE NSW Warringah Council Wingecarribee Shire Council
<b>Aged care</b>	Catholic Healthcare Montefiore Homes Sir Moses Montefiore Aged care Sir Moses Montefiore Jewish Home
<b>Multicultural health</b>	Liverpool Migrant Resource Centre Settlement Services International
<b>Freelance artists / writers</b>	Names redacted



## **APPENDIX A2 – Arts and Health initiatives highlighted by Workshop Participants**

- A Wayfinding Policy informed through patient feedback, which Health Infrastructure uses
- Musica Viva – a handbook for people looking to set something up in relation to people singing in groups
- The Hush Collection project - a special compilation of soothing music designed to calm and relax people of all ages. Used in Children’s Hospitals and wards around Australia, in operating theatres, treatment rooms and waiting areas, as well as to manage unsettled babies.
- Dance performance in the Blacktown and Mount Druitt Hospital foyer and the effect of patients and staff
- Arts program for stroke survivors at Bankstown Hospital which was funded by staff and involved patient goal setting.
- Partnership between Nepean Blue Mountains LHD, Penrith Regional Gallery, Penrith Local Council and the Joan Sutherland Performing Arts Centre (The Joan) focussing on sexual health issues for a priority population.
- The ‘agile not fragile’ dance group by Penrith City Council and The Joan (dance sessions for the over 55)
- Digital postcard making of the Penrith Local Government Area (LGA)
- Flashmob event at Westfield Penrith
- Holroyd City Council is creating a ‘wellbeing centre’ with co-funding from the NSW Government and other sources.
- The Pink Sari Project to increase awareness and understanding about the importance of regular breast cancer screening among Indian and Sri Lankan women
- Art program at Liverpool Hospital for patients with acquired brain injury.
- Imagine Me (a creative awareness-raising project for people who are living with a spinal cord injury) which operates as partnership between Sue Murray (photographer) and the Royal Rehabilitation Hospital with funding from Accessible Arts, Australia Council and Arts NSW.
- Base Art Inc. manages the “Art in Healthcare” program in conjunction with the Dubbo Hospital Redevelopment. Dubbo Hospital redevelopment – commissioning of artwork by local photographer to take photos of Aboriginal Nations in the Dubbo Health Service area. Artwork displayed in the Birthing Unit. Also significant Aboriginal art works in the foyer.

- Culture Hunter – managed by Octapod – an existing online resource with a directory of artists and arts organisations; an events calendar; a resources section with information on capacity building for the arts sector.
- Arts Central – now in its 5<sup>th</sup> year, a jointly funded initiative managed by a committee with representation from the local council, Arts NSW, a university and Central Coast Local Health District.
- Auto Immune Research Centre ‘Café Conversations’ for people with auto immune illness. Activities include art classes.
- Choir for stroke survivors.
- Sydney Medical School using the arts to educate members of the medical profession around bullying and harassment.
- Orange Hospital – weaving for wellbeing, terrazzo project, Aboriginal gathering space. Partnership with the local regional art gallery.
- Partnership between the Centre for Rural and Remote Health and Central West Library. Central West Library is the pilot and has funding. The initiative provides patients and their families with access to a collection of quality titles on mental health – it’s a prescription of books.
- Targeted Orange Health Service initiative with a cardiopulmonary rehabilitation group. A local family produced some artwork which got printed on t-shirts and has promoted a lot of discussion about the story the art tells for people who come into the program.
- A FAS-D video using black comedy produced by the NSW Ministry of Health.



## APPENDIX B: SUMMARY OF WRITTEN SUBMISSIONS

# HEALTH AND THE ARTS

## Stakeholder Consultations: Summary of Written Submissions

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## 1. Introduction

Over 60 written submissions were received during the Health and the Arts Taskforce public consultation and this report contains a summary of the major themes raised. The key themes inform the Report of the Taskforce and the development of the Health and the Arts Framework.

Submissions were received from individuals, arts organisations, social and community organisations, Local Health Districts, government agencies, and universities (Appendix A). The names of individuals who made a submission have been redacted. A list of the health and arts initiatives identified in the submissions is at Appendix B.

## 2. Key Themes

### 2.1 Governance & Partnerships

A number of submissions made recommendations relating to governance arrangements. Key issues raised:

- If a committee or board is set up to drive new programs, it should contain one or two arts and health experts to ensure adequate specialist knowledge for decision-making.
- It was recommended that guidance on the engagement of artists and the art sector be developed to facilitate the routine inclusion of the arts into health settings.
- It was recommended that arts and health initiatives be strategically planned for better integration in health service delivery, and evaluated to ensure their ongoing effectiveness, enjoyment and accountability.
- It was recommended that health consumers be involved in the design of projects and facilitated at the local level through existing structures and networks. Local Health Districts employ a Consumer and Community Engagement Manager who could facilitate this engagement.

### 2.2 Funding & sustainability

Funding was a major theme in submissions. Key issues raised:

- Arts programs funding needs to be long term (as opposed to one-off projects) to ensure certainty for both program providers and participants. Particularly important in

vulnerable populations, it would also make more effective use of a program manager's time in preparing grant applications.

- Arts health funding models should be inclusive of organisations where arts are a component of the service, but not their core business. There was concern that many grant programs now require organisations to have Deductible Gift Recipient status, making it difficult for Local Health Districts and non-charity registered organisations to meet eligibility requirements for grants.
- Funding criteria should be developed to ensure organisations reflect the objectives of the initiative and the requirements of NSW Health, such as professionalism, organisational sustainability and targeting of regional areas.
- Arts and health should be included in fundraising drives for all new health facilities to encourage corporate and philanthropic support for health and the arts to provide additional temporary or ongoing funding streams for arts and health initiatives.
- Policy should be implemented requiring all health care facilities to focus on wellness design, and include an arts curatorial program. This could be funded by seed monies from new capital projects (as is the case for Public Art for NSW Infrastructure developments) and participatory or receptive arts interventions /programs for patients, staff, clients and visitors in all facilities.

A number of funding models were suggested for consideration by the Taskforce, including:

- NSW Health/Arts NSW grants for Integrated Design, Curated Art and Participatory Arts Program in health care facilities (with judges from architecture, medicine, creative arts and gallery management so there is recognition of multi-disciplinary collaborative approaches)
- NSW Health/Arts NSW grants for Art/Health Creative and Participatory Arts program in a) Health Care Facilities and b) Community
- Grants from the Australia Council for Participatory Arts Programs in health care facilities
- Potential for an NHMRC grant for an Australian research study, similar to the landmark Gene Cohen (Centre on Aging, US who wrote *The Creative Age: Awakening Human Potential in the Second Half of Life*, 2000 -“Art is like chocolate for the brain”)

### **2.3 Art curation**

Key issues raised:

- A large number of submissions expressed a keen interest in providing a service to future health and arts programs, including as a facilitator/teacher in an arts program for participatory arts, and as an artist to provide art and performance for receptive arts. These submissions came from arts, and arts and health professionals, from a variety of backgrounds, including theatre, choir, dance, visual arts, gardening, art therapy and textiles.
- Submissions also provided overviews, evaluations and other in-depth information about existing arts and health projects and programs currently or previously run across New South Wales. These submissions demonstrated the popularity of arts and health initiatives, and the professional commitment of the project teams to their work.
- These submissions provide an excellent understanding of the breadth of artists and arts professionals who are keen to engage in arts and health, and the range of successful projects and programs across different locations and settings.

#### **2.4 Capacity building and support for artists and volunteers working in health**

A number of submissions made recommendations for building capacity and providing support for artists and volunteers working in health. Key issues:

- More opportunities to form networks with others in the sector to share knowledge, experience and awareness with mainstream arts professional and organisations of the needs of different types of groups accessing a service, for example refugees.
- Education and training around patient care and the role of health professionals to artists and arts professionals involved an arts and health initiative. Specifically, one submission recommended a formalised policy based on *Create in NSW* to train artists and arts professional in the fundamentals of health care in facilities and in the community. This would support the professional development of artists while also increasing the options for career trajectories. This has already been successfully demonstrated through the Arts on Prescription program where a day and a half of training, designed by UNSW medical academics, is provided to artists involved in the program.

#### **2.5 Clearing House**

Overall support for the development of an online clearing house to share information and ideas about the incorporation and funding of the arts across NSW Health. Key issues:



- The clearing house should also support sharing of experience and information at the international level. The *Design and Art Australia Online* clearing house was cited as a possible model.
- On a technical front, one submission cited the challenges associated with user-generated content sites and social media and the need for well-designed retrieval functions (quality retrieval functions were considered to be lacking on these sorts of sites).
- In addition to providing useful information for those seeking to see or participate in arts and health programs, the data would be a useful tool to assist in the professionalism of arts programs and would encourage health care professionals to engage in arts and health programs.
- Functions or components that could be included on the online portal included details of agencies and individuals involved in deliver arts in a health setting, arts programs on offer at health facilities, a 'getting started' section as an initial point of contact for those looking provide an arts and health service, a rolling literature search presenting research into benefits of arts and health, and a plain English introduction about evaluation to help readers understand the research.

Other suggested sections and content included:

#### **People**

- Who else is working in this area? How do I find an artist? How do I find a gig? Can I find a mentor? What other organisations might be interested? How do I approach a particular community?

#### **Organisations**

- What institutional structure and sets of networks define work in my field of interest? Where do I go to look for funding and for partnerships that could build my project?

#### **Models**

- How have people done this in the past? What successes and failures have been experienced? What are the opportunities and pitfalls?

#### **Methodologies**

- Is there a good evaluation process that can demonstrate the value of the project without compromising its complexity? What criteria might help me select the best approach to this particular group?

#### **Inspiration and innovation**

- Passion projects and stories. How can I learn more about design thinking?

#### **Practical help**

- What does a successful application look like? Where's a summary of the policy document? What ethical issues do I need to think about? What resources can I identify to support ethical practice?

### **Training and learning**

- Is there someone who can help me work through my community engagement issues? How do I get training to work in the sector effectively? Are there ways I can participate in a project to develop a deeper understanding of effective practise?

### **2.6 Art therapy**

A few submissions expressed the view that art therapy should have been included in the Taskforce's terms of reference. Despite art therapy not being a topic under consideration by the Taskforce, art therapists hold extensive knowledge about the benefit of the arts in a healthcare setting and are a key stakeholder in the Health and the Arts project.

A number of stakeholders also expressed their experiences of art therapy and as an art therapist. These submissions strongly advocated the use of art therapy as an effective tool for positive health and wellbeing for a wide range of patient cohorts, including in the areas of adolescent health, mental health, aged care, and trauma.

### **2.7 Medical education**

Artists and arts professionals providing a service, particularly where they are directly interacting with patients or are based at a health facility, may need some education or training around the work of health practitioners, and vice versa. This would ensure that each understood the role and context of the other's work in a patient's care.

Other submissions noted that medical students and registrars are exposed to art and design and the practical application of this to patient care through some university courses, but recommended that this practice be more widely available as part of tertiary level medical education.

### **2.8 Equity**

Regional areas and low-SES populations should have equal access to arts and health programs as their inner city counterparts. Key issues:

- Processes be put in place to enable focussing on issues specific to regional areas and to support momentum and leadership in regional NSW.
- Provide or support opportunities for meetings across areas and sectors to share ideas and information to prevent siloing.
- Engage and employ locals, actively promoting health in the arts in culturally appropriate ways, and facilitating opportunities for knowledge sharing across regions.

## **2.9 Research and Evaluation**

A number of submissions made recommendations regarding research and evaluation of the arts in health. Key issues:

- Need for a greater body of high quality research into arts and health, and evaluation of arts and health projects and strategies to confer legitimacy and leadership in the field. It was highlighted that finding reliable and valid research instruments was challenging, and identifying a valid and reliable instrument for undertaking project evaluation would be highly beneficial.
- Competitive funding targeted specifically at arts and health would increase the ability for researchers to access funding. This funding could in turn support evaluation of the risks and benefits of different types of arts and health initiatives, and encourage innovation in applying arts and health.
- The importance of knowledge sharing in academic and evaluation research, and the clear potential for the Clearing House to diffuse best-practice information to researchers and evaluators.
- All projects should operate from a position of best practice based on evidence.

## **2.10 Mental health**

A number of submissions discussed the benefits of arts in managing and treating mental health. Key issues:

- The nexus between arts and mental health practice is key to promoting mental health literacy, building communities and engagement, and supporting positive mental health outcomes.
- Submissions related to both art therapy and the arts generally within a health setting.
- Arts within health are considered important to creating a sense of comfort and ease within a clinical setting and creating a welcoming atmosphere and a culture of inclusiveness.

## **2.11 Health promotion**

A number of submissions highlighted the role that arts can play in health promotion and illness prevention. Key issues:

- Community engagement with health promotion, particularly mental health promotion, was considered most resonant when delivered in a non-confronting forum, such as through art.

- The collaboration between Local Health Districts and frontline mental health organisations was seen as an effective way to deliver health promotion projects and the integration of arts into health was welcomed as a means to break down barriers with the broader community.
- One submission recommended partnering art and design students with medical/allied health students to deliver health promotion. This was considered a low-cost option to design and create appealing promotional campaigns through social media and across NSW communities.

## Appendix B1 - Stakeholders who made a submission

### Arts sector organisations

- Base Art Inc.
- St Vincent's Art Committee
- Art in Health at Flinders Medical Centre
- Bundanon Trust
- National Association for the Visual Arts

### Music and Performing arts

- Australian Major Performing Arts Group
- Lismore Theatre
- Seymour Centre
- Moorambilla

### Other art/creative organisations

- Dance for Health
- Watling & Bates
- Shopfront Arts Co-op
- Arts on Prescription
- Diabetes Alive Inc.
- Imagine Me
- Australian Rainforest Sanctuary

### Art and music therapy organisations

- Australian Music Therapy Association
- Australia and New Zealand Association of Art Therapists
- The Dramatherapy Centre

### Tertiary Education Providers

- The University of Newcastle
- University of Sydney

### NSW Health organisations

- Hunter New England LHD
- Sydney Children's Hospital Network
- The Children's Hospital at Westmead
- Illawarra Shoalhaven LHD

- Agency for Clinical Innovation
- Mental Health Commission of NSW

### Other health organisations

- Health Consumers NSW
- Blackdog Institute
- ACON
- Health Information Management Association
- Institute for Creative Health
- NSW / ACT Leadership Group in Arts and Health
- Royal Society for Public Health - Arts, Health and Well-being Special Interest Group
- GATE-ways to Recovery
- STARTTS

### Foundations

- The Starlight Foundation

### Government organisations

- Australian Museum
- Gosford City Council

### Aged care

- St John of God Health Care
- Uniting
- Feros Care

### Freelance artists/individual submissions

- Names redacted

## Appendix B2 - Arts and health initiatives identified in submissions

- Arts in Recovery –workshops and exhibitions to promote and celebrate the skills and talent in visual arts of those with a mental illness.
- A Kind of Blue - a collection of comics by young people depicting their experience with depression.
- Shared Reading NSW – collaborative reading sessions. Projects include Reading into Life, a training program for mental health care workers to deliver shared reading sessions, and Reading for Wellbeing, in partnership with Vision Australia, providing shared reading sessions via telelink for those with a visual impairment experiencing isolation.
- Mengage – the New South Wales male health clearing house.
- Sydney Sacred Music Festival – an annual music festival promoting cultural diversity and cultural development. In 2015, this included performances at Blacktown Hospital.
- Maternity art project at Dubbo Hospital – proposal for artworks in the Maternity Unit that are informed by patient experience delivered by Base Art Inc.
- Welcoming Aboriginal Women: Making Maternity Services Culturally Inclusive Places - the development of a specific cultural inclusion checklist to assist mainstream maternity services in welcoming Aboriginal women and families to their facility.
- No Time Like Now – an integrated dance, video and landscape project bringing together participants with diverse abilities, local community and health services.
- Western Australia Arts and Health Consortium Reference Group - created to further the implementation of the National Arts and Health Framework.
- Dance for Health programs – dance classes/workshops to encourage wellbeing for people with Parkinson’s disease and multiple sclerosis.
- Connie the Condom Dress - a youth arts project to encourage awareness and understanding of safe sex, HIV and STIs.
- Ngala Nanga Mai pARenT Group - a support group for young Aboriginal parents and their children to improve health and social connectedness through art programs and exhibitions.
- Groupwork Program – a social group for adolescent patients of the Children’s Hospital at Westmead, based around creative arts.
- Youth Arts Program – individual arts session run by artists with patients of the Children’s Hospital at Westmead.
- Diabetes Alive – a pilot program using art therapy to work with Diabetics who suffer from depression.

- The NSW Mental Health Commission has partnered with a number of government and non-government organisations to host exhibitions of artworks by artists who experience mental health.
- The Dramatherapy Centre – offers courses to train health care workers and teachers in dramatherapy.
- Pacific Youth Reconnection Project – a project to reduce the over-representation of young people from the Pacific Diaspora in the juvenile justice system by reconnecting at-risk young people and their communities to their Cultural Collections at the Australian Museum.
- Youth Rockin' the Black Dog – a music competition managed by the Hunter Institute of Mental Health. The competition raises awareness of youth mental health issues and encourages young people to communicate about mental health.
- MindPlay – an annual drama competition for Year 11 students in the Hunter, where students research, write and perform a 15 minute drama piece on a mental health topic.
- BlindWiki – a smartphone app designed for people with a visual impairment, allowing users to record and publish geo-located site-specific audio, allowing others to interact and walk through their cities receiving the information.
- GATE-ways to Recovery program - a program for those who have experienced trauma using Gestalt psychotherapy and Gestalt art therapy.
- Shopfront Arts Accessibility Program – an arts and skills development program designed for young people with disability.
- Lithgow Music and Health Pilot Project – a nine-month music in health residency, working with young women at risk, and terminally and chronically ill patients, delivered by the Institute for Creative Health and Westfund Health.
- Hand Hygiene project – a 3 month artist in residence project at The Royal Melbourne Hospital (RMH) bringing dance to the hospital wards and halls aligning with RMH priorities of safety first, hand hygiene, and positive staff engagement, in partnership with Ausdance and the Institute for Creative Health.
- Moorambilla Voices – Boys and girls choirs in rural NSW to encourage the health and wellbeing of participants.
- MAXed OUT - a residency camp program for secondary students in rural NSW to develop skills in singing, composition, percussion, dance, and social skills run by Moorambilla.

- Unlocked – writing workshops run by poets and hip hop artists with correctional centre inmates, to encourage positive self-expression and enhance literacy.
- ImagineMe – photography and digital imaging works shops for people with acquired brain and spinal cord injuries, to create self-portrait works using adaptive equipment.
- Bow & Curtsy program – an aged care social dance program developed and run by musical duo Watling & Bates.
- Operation Art – a joint initiative of the Sydney Children’s Hospital at Westmead and the NSW Department of Education. The program provides a forum for schools and students to demonstrate their visual arts achievements through exhibitions at the Armory Gallery, Sydney Olympic Park and the Art Gallery of New South Wales.





## APPENDIX C: PARTICIPANTS IN STAKEHOLDER CONSULTATIONS AND

### WORKSHOPS

#### IN SUMMARY

- Over 300 people attended the workshops (Darlinghurst, Newcastle, Casula, Orange, Orange Aboriginal Medical Service, Parramatta and Port Macquarie), with two of these focused on engaging the Aboriginal community (Parramatta and Orange AMS).
- In addition:
  - The Chair met with approximately 80 individuals in 2015, and
  - approximately 179 individuals in 2016 (this includes both one-on-one meetings and small group sessions)

#### CONSULTATIONS UNDERTAKEN 2015

<p><b>Tue 24/11/15</b></p>	<ul style="list-style-type: none"> <li>• Kathryn Boydell – Professor of Mental Health, Black Dog Institute</li> <li>• Helen Wood – Manager, Development and Innovation, Uniting Care Ageing</li> <li>• Rebecca Carr – Starlight Children’s Foundation</li> <li>• Kylie Johnson – Starlight Children’s Foundation</li> <li>• Dr George Khut – Artist and Interaction Designer, Art &amp; Design UNSW</li> <li>• Dr Alex Byrne – Director, The State Library</li> <li>• Elizabeth Rodgers – CEO, Regional Arts NSW</li> <li>• Peter White – Chair, Regional Arts NSW</li> <li>• Alison Williams – Chairperson, Aboriginal Culture, Heritage &amp; Arts Association Inc.</li> </ul>
<p><b>Wed 25/11/15</b></p>	<ul style="list-style-type: none"> <li>• Sophie Dilworth, Research Fellow, Arts &amp; Health Newcastle</li> <li>• Maggies Haerscht, CEO &amp; Secretary, Arts &amp; Health Newcastle</li> <li>• Jill Bennett – Associate Dean (Research), Art &amp; Design UNSW</li> <li>• Gary Thorpe, OAM - General Manager, 4MBS Classic FM, MBS Light, Silver Memories, Classic Arts</li> <li>• John Seaman – Representative, Silver Memories - Sydney</li> </ul>
<p><b>Mon 30/11/15</b></p>	<p>Health and the Arts Stakeholder Engagement Workshop – Sydney  (134 attendees)</p>
<p><b>Tue 1/12/15</b></p>	<ul style="list-style-type: none"> <li>• Dr Kym Rae – Research Academic, School of Medicine and Public Health (Indigenous Health), University of Newcastle</li> <li>• Sally Marwood – External Relations and Design Specialist, UNSW Arts on Prescription</li> <li>• Dr Claire Hooker – Senior Lecturer, Health &amp; Medical Humanities, University of Sydney</li> <li>• Vandana Ram – Director, Bankstown Arts Centre</li> <li>• Margot Politis – Accessibility Director, Shopfront Arts Co-op, Shopfront Contemporary Arts for Under 25s</li> <li>• Deborah Ely – CEO, Bundanon Trust</li> <li>• Michael Rolfe – CEO, Museums &amp; Galleries NSW</li> <li>• Steve Miller – Manager Aboriginal Programs, Museums &amp; Galleries NSW</li> </ul>

	<ul style="list-style-type: none"> <li>• Bethwyn Serow – Executive Director, Australian Major Performing Arts Group</li> <li>• Kristina Tito – Arts Development Manager, Accessible Arts</li> <li>• Joanna Jaaniste – Art Therapist, The Drama Therapy Centre</li> </ul>
<b>Thurs 3/12/15</b>	<ul style="list-style-type: none"> <li>• Michelle Jersky – Project Officer, Ngala Nanga Mai pARenT Group Program, Sydney Children's Community Health Centre</li> <li>• Karen Zwi – Community Paediatrician and Head of Department of Community Child Health, Sydney Children's Hospital</li> <li>• Sandra Murphy – Graduate of the Ngala Nanga Mai pARenT Group Program</li> <li>• Timothy Talty – Art Program Coordinator, Sydney Children's Hospital Foundation</li> <li>• Lola Callaghan – Aboriginal Health Education Officer, Child &amp; Family Health, Sydney Children's Hospital Network Randwick</li> <li>• Melissa Haswell – Associate Professor, Muru Marri, School of Public Health and Community Medicine, UNSW Medicine</li> <li>• Brett Adlington – Director, Lismore Regional Gallery and former President, Regional and Public Galleries of NSW</li> <li>• Jo Kelly – President, Australian and New Zealand Arts Therapy Association</li> <li>• Sally Swain – Art Therapist</li> <li>• Roxanne Taylor – Creative Therapist</li> <li>• Gabriel Lawrence – Art Psychotherapist</li> <li>• Gaye Fleming – Arts Development Mentor</li> <li>• Katarina Cvitkovic – Chair, St Vincent's Health Art Committee</li> <li>• Kim Vaughan – Secretariat, St Vincent's Health Art Committee</li> <li>•</li> </ul>
<b>Fri 4/12/15</b>	<ul style="list-style-type: none"> <li>• Anthony Brown – CEO, Health Consumers NSW</li> <li>• Gaele Sobott – writer</li> <li>• John Douglas – curator</li> <li>• David Capra – writer</li> <li>• Professor Chris Poulos – Rehabilitation Physician and Hammond Chair of Positive Ageing and Care</li> <li>• Amanda Solomon – Co-Founder, Arterie, Chris O'Brien Lifehouse</li> <li>• Deborah Burdett – Arterie CoFounder, Chris O'Brien Lifehouse</li> <li>• Toni Cody – Consultant and former Board Member, Chris O'Brien Lifehouse</li> <li>• Anna Reid, Dean, Sydney Conservatorium of Music</li> <li>• Dr Grace Thompson – President, Australian Music Therapy Association</li> <li>• Brigit Hogan – Executive Officer, Australian Music Therapy Association</li> <li>• Louise Heron – Director, Sydney Opera House</li> <li>• Kya Blondin – Head of Director's Office and Government Affairs, Sydney Opera House</li> <li>• Jenny Spinak, Accessibility Manager, Sydney Opera House</li> </ul>
<b>Mon 7/12/15</b>	<p>NSW Health Chief Executives</p> <ul style="list-style-type: none"> <li>• Amanda Larkin, Chief Executive, SWSLHD</li> <li>• Teresa Anderson, Chief Executive, Sydney LHD</li> <li>• Joanna Cappon obo Michael Byrdon, A/Chief Executive, Sydney Children's Hospitals Network</li> <li>• Scott McLachlan, Chief Executive, Western NSW LHD</li> <li>• David Currow, Chief Executive, Cancer Institute NSW</li> </ul>

	<ul style="list-style-type: none"> <li>• Carrie Marr, Chief Executive, CEC</li> <li>• Kay Hyman, Chief Executive, Nepean Blue Mountains LHD</li> <li>• Stuart Riley, Chief Executive, FWLHD</li> <li>• Tracey McCosker, Chief Executive, NSW Health PAtHology</li> <li>• Alexander Maxwell, Chief Executive, Southern NSW LHD</li> <li>• Zoran Bolevich, A/Chief Executive, eHealth NSW</li> <li>• Annette Solman, Chief Executive, HETI</li> <li>• Jill Ludford, Chief Executive, MLHD</li> <li>• Gary Forrest, A/Chief Executive, Justice Health and Forensic Mental Health Network</li> <li>• Gerry Marr, Chief Executive, SESLHD</li> <li>•</li> </ul>
<p><b>Tue 8/12/15</b></p>	<p>Health and the Arts Stakeholder Engagement Workshop – Newcastle (26 attendees)</p> <ul style="list-style-type: none"> <li>• Kim McKay –Director, The Australian Museum</li> <li>• Tamara Winikoff – National Association for the Visual Arts</li> <li>• Jeanne Buckley – CEO, Feros Care</li> <li>• Malcolm Moir – Head of Development, Sydney Festival, Board Member, Australian Centre for Arts and Health</li> <li>• Adele Jeffreys – Head of Learning and Education Programs, Australian Theatre for Young People (obo Fraser Corfield, Artistic Director, Australian Theatre for Young People)</li> <li>• Jane McCredie, Executive Director, NSW Writers' Centre</li> <li>• Fraser Corfield, Artistic Director, Australian Theatre for Young People</li> <li>• Kim McConville, CEO, beyond emPAtHy</li> <li>• Ivana Jirasek, Development Manager, beyond emPAtHy</li> <li>• Kerrie Noonan, Director, The Ground Swell Project</li> <li>• Lisa Havilah – Director, Carriageworks</li> <li>• Rosie Dennis – Artistic Director/CEO, Urban Theatre Projects</li> <li>• Michael Dagostino – Director, Campbelltown Arts Centre</li> </ul>
<p><b>Wed 9/12/15</b></p>	<p>Health and the Arts Stakeholder Engagement Workshop – Casula (67 attendees)</p>

**CONSULTATIONS UNDERTAKEN 2016:**


<p><b>Thurs 14/1/16</b></p>	<ul style="list-style-type: none"> <li>• Jason Kara, Director and Meagan Lawson, A/Manager, Ageing Programs and Service Design, Department of Family and Community Services</li> <li>• Marily Cintra, Director, Health and Arts Research Centre, Inc.</li> <li>• Mira Martic, Project Officer, Health and Arts Research Centre, Inc.</li> <li>• Tony Penna, Director, Office for Health and Medical Research</li> <li>• Suzi Dougherty – Acting Class Facilitator</li> </ul>
<p><b>Wed 27/1/16</b></p>	<ul style="list-style-type: none"> <li>• Tara Dimoploulos-Bick, Team Manager, Patient Experience &amp; Consumer Engagement (PEACE) Team, ACI</li> </ul>

	<ul style="list-style-type: none"> <li>• Liz Kristensen Project Officer, PEACE Team, ACI</li> <li>• Representatives, ACI Consumer Council</li> </ul>
<b>Thurs 28/1/16</b>	<ul style="list-style-type: none"> <li>• Ministerial Advisory Committee on Ageing</li> </ul>
<b>Fri 29/1/16</b>	<ul style="list-style-type: none"> <li>• John Feneley, Commissioner, Mental Health Commission of NSW</li> <li>• Sam Tyler, Senior Manager, artsACT</li> <li>• Alan Higgin, Senior Policy Officer, artsACT</li> <li>• Jenny McFarlane, Arts Curator, ACT Health</li> <li>• Veronica Croome, ACT Chief Nurse</li> <li>• Frank Panucci, Executive Director Grants, The Australia Council</li> <li>• Rachel Antone, Assistant Secretary, Access &amp; Participation Branch, Department of Communications and the Arts</li> <li>• Michelle Macaulay, Department of Health</li> <li>• Nea Cahill, Project Officer, Strategic Initiatives, Arts NSW</li> <li>• Michael Brealey, Director, Strategy and Policy, Arts NSW</li> <li>• Lidia Di Lembo, A/Senior Director – Territory Wide Services Division, Department of Health</li> <li>• Priscilla Boucher, Program Development Officer (Research &amp; Evaluation), Department of Health</li> <li>• Angela Hill, Director Arts NT</li> <li>• Meredith Garlick, Senior Policy and Projects Officer, Arts NT</li> <li>• Lone Keast, Director, Policy, Arts Queensland</li> <li>• Jackie Hawkins, Project Director, Gold Coast Hospital and Health Service</li> <li>• Jennifer Layther, Department of State Development</li> <li>• Sally Francis, Manager, Arts in Health at FMC, Flinders Medical Centre and Ambassador, The Institute of Creative Health</li> <li>• Dr Christine Putland, Research and Evaluation Arts, Health &amp; Wellbeing</li> <li>• Jacquie Maginnis, Health Promotion Coordinator, Tasmanian Health Service</li> <li>• Siobhan Harpur, Director, Population Health Operations, Department of Health and Human Services</li> <li>• Doug Campbell, Principal Policy Officer, Health Strategy, Department of Health &amp; Human Services</li> <li>• Christopher McDermott, Senior Manager, Policy and Research, Creative Victoria</li> <li>• Colin Walker, Director Policy, Department of Arts</li> </ul>
<b>Mon 1/2/16</b>	<ul style="list-style-type: none"> <li>• Liz Anne McGregor – Director, Museum of Contemporary Art and Premier's Cultural Ambassador to Western Sydney</li> <li>• Susan Porteus - Arts Facilitator, ConnectAbility, Australia</li> <li>• Jason Kara, Director, Ageing Programs and Service Design, Department of Family and Community Services</li> <li>• Louise Barkl, A/Director – Arts, Sports and Initiatives, NSW Department of Education</li> <li>• Paul Tweddell, Senior Service Development and Review Officer, Lifetime Care</li> <li>• Lioba Rist, Director Corrections Strategy and Policy, Corrective Services NSW, Department of Justice</li> <li>• Nea Cahill, Project Officer, Strategic Initiatives, Arts NSW</li> <li>• Kim Spinks, Manger, Strategic Initiatives, Arts NSW</li> </ul>

<b>Tue 2/2/16</b>	<ul style="list-style-type: none"> <li>• Karen Burns – Base Art Inc. Committee</li> <li>• Aunty Pat Doolan, Aboriginal Elder and Western NSW LHD Board Member</li> <li>• Caroline Edwards - Assistant Curator Western Plains Cultural Centre, Base Art Inc</li> <li>• Bernadette Fay - Base Art Inc, President</li> <li>• Margo Gibbons, Deputy Director of Nursing, Dubbo Hospital (obo Debbie Bickerton, General Manager, Dubbo Hospital)</li> <li>• Kath Hill, Family and Carer Mental Health Program Coordinator, Mental Health and Drug &amp; Alcohol Service</li> <li>• Melanie Moeller - Base Art Inc, Secretary</li> <li>• Yvonne Muyambi, Health Promotion and Prevention Officer, Mental Health and Drug &amp; Alcohol Service</li> <li>• Brigid Palin - Arts &amp; Culture Consultant Dubbo Hospital Redevelopment, Base Art Inc</li> <li>• Diane Riley McNaboe - Artist &amp; local Elder and Teacher Aboriginal Language</li> <li>• Alicia Rodriguez Leggett, Regional Arts Development Officer/EO, Orana Arts, Inc.</li> <li>• Lionel Wood - Base Art Inc, community &amp; indigenous representative</li> </ul>
<b>Wed 3/2/2016</b>	<ul style="list-style-type: none"> <li>• Aboriginal community consultation – Orange Aboriginal Medical Service (17 attendees)</li> <li>• Stakeholder Engagement Workshop – Orange Hospital (44 attendees)</li> </ul>
<b>Mon 8/2/2016</b>	<ul style="list-style-type: none"> <li>• NSW Health Statewide Community &amp; Consumer Participation Managers</li> </ul>
<b>Tue 9/2/2016</b>	<ul style="list-style-type: none"> <li>• Aboriginal community consultation – Parramatta (13 attendees)</li> </ul>
<b>Wed 10/2/2016</b>	<ul style="list-style-type: none"> <li>• Glen Pead, Organiser Health Services Union</li> <li>• Roslyn Irons, State Manager, NSW&amp;ACT Faculty, The Royal Australian College of General Practitioners</li> <li>• Dr Catherine Hickie, Chair, NSW Royal Australian New Zealand College of Physicians Branch Training Committee.</li> <li>• Dr Mary Langcake, Chair General Surgery, NSW Regional Committee, Royal Australasian College of Surgeons</li> <li>• Catherine Chaffey, Chief Executive Officer, Australasian College of Health Service Management</li> </ul>
<b>Fri 12/2/2016</b>	<ul style="list-style-type: none"> <li>• Dolla Merrillees, Director, Museum of Applied Arts and Sciences</li> </ul>
<b>Mon 15/2/2016</b>	<ul style="list-style-type: none"> <li>• Michael Brogan, Chairman, Institute for Creative Health</li> <li>• Claude Gauchat, Board member, Institute for Creative Health</li> </ul>
<b>Wed 17/2/2016</b>	Community meeting – Port Macquarie. (36 attendees approx.)

<b>Wed 9/3/2016</b>	<ul style="list-style-type: none"> <li>• Brigitte Uren, Cultural Director, Maitland Regional Art Gallery</li> <li>• Jenny Preece, Rural Health Manager, Agency for Clinical Innovation</li> </ul>
<b>Thur 10/3/2016</b>	<ul style="list-style-type: none"> <li>• Leanne O'Shannessy, Director Legal and Regulatory Service, NSW Health</li> </ul>
<b>Tues 15/3/2016</b>	<ul style="list-style-type: none"> <li>• Presentation to Arts Health Institute (32 attendees approx.)</li> </ul>
<b>Thu 17/3/2016</b>	<ul style="list-style-type: none"> <li>• Susan Pearce, Deputy Secretary, System Purchasing &amp; Performance</li> <li>• Matthew Hanrahan, Chief Executive, Central Coast LHD</li> <li>• Stuart Riley, Chief Executive, Far West LHD</li> <li>• Margot Mains, Chief Executive, Illawarra Shoalhaven LHD</li> <li>• Kay Hyman, Chief Executive, Nepean Blue Mountains LHD</li> <li>• Amanda Larkin, Chief Executive, South Western Sydney LHD</li> <li>• Deb Wilcox, General Manager Royal Prince Alfred Hospital</li> <li>• Jill Ludford, Chief Executive, Murrumbidgee</li> <li>• Sam Sangster, Chief Executive, Health Infrastructure</li> <li>• Peter Rophail, Director, Operational Design at Blacktown and Mount Druitt Hospitals</li> <li>• Gary Forrest, Executive Director, Clinical Operations (Custodial Health), Justice Health &amp; FMHN</li> <li>• Lindsay Gough, Director of Operations, Western NSW LHD</li> <li>• Katarina Cvitkovic, Chief Medical Officer/Director Clinical Governance Unit, St Vincent's Health Network</li> <li>• Robyn Ayres, Arts Law Centre</li> </ul>
<b>Wed 23/3/2016</b>	<ul style="list-style-type: none"> <li>• Tour and Discussion with Sydney Opera House <ul style="list-style-type: none"> <li>○ Claudia Wade</li> <li>○ Kya Blondin</li> </ul> </li> </ul>

# APPENDIX D: SAMPLE OF THE ACI INNOVATION EXCHANGE PAGE: HEALTH AND THE ARTS



**ACI** NSW Agency  
for Clinical  
Innovation

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## Health and the Arts

The Health and the Arts clearinghouse is designed to improve the exchange of information and ideas on the positive impact of the arts across our health system. The arts, in its various forms, play an important role in promoting the health and wellbeing of patients, staff, clients, carers, visitors to health services and across the broader community.

- [NSW Health and the Arts Framework](#)
- [Create in NSW: NSW Arts and Cultural Policy Framework](#)
- [National Arts and Health Framework](#)
- [Health and the Arts resources and contacts](#)

### PROJECTS

#### The Many Colours of Blacktown and Mount Drutt

The Arts and Culture Program at Blacktown and Mount Drutt Hospitals creates welcoming and safe spaces by collaborating with local artists and community groups.

**Western Sydney Local Health District**

Added: 24 February 2016 | Last updated: 8 April 2016

Sustained [Add Bookmark](#)

#### A Culturally and Linguistically Diverse Engagement Strategy for BreastScreen NSW

BreastScreen NSW engaged Culturally and Linguistically Diverse (CALD) communities, through art workshops that allowed participants to visually express their feelings about breast screening.

**Cancer Institute NSW**

Added: 1 February 2016 | Last updated: 15 February 2016

Sustained [Add Bookmark](#)

#### Singing to Health: A Choir for People with Neurological Communication Disorders

The War Memorial Hospital Waverley created a weekly social choir led by a volunteer music therapist, for outpatients with chronic communication impairments due to acquired and progressive neurological deficits. The choir supported the health of individuals, by building partnerships and facilitating continuity of care.

**War Memorial Hospital**

Added: 27 January 2016 | Last updated: 10 February 2016

Sustained [Add Bookmark](#)

#### Intangible Storytelling Project

A multimedia project which tells the stories of inspirational carers and the vital role they play in the community.

**Car Mosee Local Health District**

INNOVATION EXCHANGE

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## APPENDIX E: CELEBRATE CREATIVE AGEING SPEECH

### **The Hon Jillian Skinner MP, Minister for Health Address to Celebrate Creative Ageing Conference 2015**

Sydney Opera House  
Wednesday 26 August 2015

You will all know the saying that there is nothing new under the sun – and that applies to the use of various art forms in support of better health.

Nearly 2,500 years ago, Hippocrates, the “Father of Medicine” used music and drama in the treatment of his patients with both physical and mental illness.

In 1697 William Congreve wrote that “Music has charms to sooth a savage breast”.

And just at the beginning of this month, the New Scientist magazine in an article entitled “Music Therapy for All” reported on the positive impacts of music on our immune system.

What I would like to outline today is just how important I regard the expansion of arts-related activities throughout the NSW Health system and why I have such great confidence that this will improve health outcomes.

Besides being Shadow Health Minister for many years I was also the Shadow Minister for the Arts from 2003 to 2005 and it reinforce my appreciation of the synergies which exist between both portfolios.

So I really welcome the attention which this important conference is playing in focusing on one aspect of that, namely enhancing the opportunities for creative ageing.

It was because of my personal commitment in this area that I was very pleased that NSW Health was able to contribute financially to the support of this conference.

An important starting point is the National Arts and Health Framework which I signed on behalf of NSW and which was endorsed by the Commonwealth-State Meeting of Cultural Ministers and the Standing Council on Health.

The document starts with a recognition that effectively integrated arts and health programs can:

- Contribute directly to patient welfare and outcomes
- Assist in the management of chronic disease, rehabilitation and end of life care
- Facilitate better health outcomes through the use of excellence in building design and operation, and
- Serve as a catalyst to bring health services into closer integration with a variety of wider aspects of social life.

The National Framework is predicated on the building of partnerships and the delivery of specifically appropriate support services.

It goes without saying that for particular communities, such as our Indigenous and Immigrant communities, connections with the arts, especially those which link with deeper aspects of history, tradition, language, culture and identity, may be especially meaningful and valuable.

Similarly for people with disabilities, the arts may be a medium of real communication in a world where poor or frustrating communications lie at the heart of disadvantage.

The second framework I want to mention is the NSW Arts and Cultural Policy Framework released quite recently by the Premier and Deputy Premier and Minister for the Arts.

Entitled Create in NSW it specifically recognizes the important role NSW Health has to play in “integrating arts and culture in the planning of health facilities”.

Of course our remit and activities go much further than mere integration into facility design and I would like to share a few examples with you today.

Weaving Wellbeing is a community public-art project for the new Orange Hospital - a lasting piece of art which challenges the stigma around mental health, celebrates Indigenous culture and humanises clinical environments.

The installation places creativity and community at the heart of the facility and includes traditional Aboriginal woven elements with non-traditional techniques. Seventy volunteers took part in a series of weaving workshops, including artists, community members and mental-health staff.

It shows how people from diverse backgrounds and skill levels can work with government to achieve a shared vision and has resulted in a highly visible community presence in the Orange Health Service that resonates strongly with staff, patients, and visitors at the health service.

At Peak Hill Multi-Purpose Service, the local community played a vital role in the development of that new health facility, especially in areas such as the design of their beautiful gardens.

Our most marginalized populations are to be found as clients of the Justice Health and Forensic Mental Health Network – the part of NSW health that cares for people in prison and for forensic mental health patients.

Last year, on their own initiative, they instituted a creative writing program led by one of Australia’s leading international playwrights (Timothy Daly) working with patients at the forensic mental health hospital aimed at improving their communications and self-expressions skills.

Justice Health also works in partnership with the Institute for Creative Health on vocationally-based arts projects including the production of greetings cards and the use of productions of paintings and ceramics which are displayed and sold at the Boom Gate Gallery out at Long Bay Prison complex.

Liverpool Hospital has partnered with Liverpool Council and the Casula Powerhouse to launch an art exhibition in the Cancer Therapy Centre and Chemotherapy Suite, with artwork on loan from the Casula Powerhouse in a project that was initiated by a local resident whose father was a patient of the service.

In Western Sydney, Westmead Hospital is a registered art gallery in its own right with a large collection of artworks on display.

In Western NSW, the Dubbo Hospital Redevelopment Art in Healthcare Program has engaged local Aboriginal artists, elders and community leaders to create a legacy of artwork reflective of the lives and cultural of Aboriginal people locally and in surrounding nations.

Also in the Dubbo region is a partnership program with Outback Arts called 'Love your Life'.

These are outstanding examples of what can be achieved, and there are many more examples of wonderful work being done in exhibitions, art competitions, music and movement therapies in various public hospitals and services across the state.

They are the result of innovative practices at the local level and an understanding by practitioners of the value of arts in health.

But they are ad-hoc and without connection.

I believe that much more can be achieved were we to have a more coherent framework for the integration of arts and health across NSW.

So today I am announcing that I am establishing a Taskforce on Health and Arts to prepare a NSW Health and Arts Framework, consistent with both the National Framework and Create in NSW.

The Taskforce will be charged with drawing up a coherent framework for the better integration of arts and health activities across the whole of the NSW Health system.

I will expect the Framework to encourage and facilitate each of our Local Health Districts and Specialty Networks to develop local and regional initiatives, to provide a clearinghouse mechanism for the exchange of information and ideas and to provide guidelines for appropriate funding of such enterprises.

The Taskforce will include representatives of NSW Health, the NSW Ministry of the Arts and other government agencies as well as a range of independent experienced practitioners.

Once they have developed the draft – by early next year – I will consider recommendations which I expect to be consistent with our overall aim within NSW Health to achieve an improved patient experience, better health outcomes and improved quality of life.

My colleague, The Hon John Ajaka has acknowledged the importance of Arts within the NSW Government's Ageing Strategy.

This wonderful inaugural Celebrate Creative Ageing event provides an important opportunity to enhance the profile of arts and health in Australia and to explore the impact that the arts have specifically on the health and wellbeing of older people.

Health systems through the world, not just here in NSW, face few challenges greater than that involved in the health management of an ageing population.

Rising numbers, rising costs of care and treatment, longer life expectancy, and changing views and requirements related to end of life care, require us to reshape our thinking to be more flexible, more innovative and above all more personal.

I know that at this conference, papers, presentations and talks will focus on exactly how to address some of these issues.

Hopefully you will discuss many creative solutions to some of the more vexing issues we are facing with an ageing population, including social isolation, cognitive decline and the range of disabilities that accompany increasing frailty and reduced mobility.

I should note however that health care does not just take place in hospitals, nursing homes and health institutions.

I am particularly encouraged by programs such as Art and Dementia that has been running at the Art Gallery of NSW since 2010.

The Art Gallery guides are trained to facilitate a viewing experience so the opportunity is there for everyone to make a comment and have an opinion; in particular the program is designed to spark discussions between the trained art guides and people with dementia.

As Dr Gail Kenning from the University of Technology in Sydney puts it:

“Often when we look at people with different abilities, or ageing, or with health issues, as soon as you put arts into the equation, we start thinking about it as art therapy ...

What we’re trying to think about is [that] not all art is art therapy... It’s sometimes just about the experience of living. It’s allowing people to have conversations about the artwork, thinking about things that are stimulated by the artwork.”

Celebrating Creative Ageing is a wonderful initiative and I commend Margret Meagher and her team at the Australian Centre for Arts and Health for making it happen.

Thank you again for inviting me to participate in the program today.

I look forward to hearing the outcomes of your discussions and to learning of new and dynamic opportunities for promoting creative collaboration between the arts and health.

## APPENDIX F: NSW ARTS AND HEALTH INNOVATION AWARDS

For the last 17 years, NSW has made Health Innovation Awards recognising outstanding innovation across the entire NSW health system. In 2015 the Minister (Hon Jillian Skinner MP) directed that these be extended to include arts and health awards.

The terms of reference/eligibility for these awards were as follows:

### Arts and Health Award: *Enhancing the Patients' Experience through the Arts*

This Award aims to acknowledge projects/programs which enhance the patient experience through the arts. It also acknowledges the importance of both the engagement of local communities in creating greater links with health care organisations and the use of arts in preventative health measures.

Arts and Health is the application of arts initiatives in health promotion, delivery of health care and also within a health setting. Arts and Health include all art form delivered across a wide range of settings. This category should be able to demonstrate innovation in:

- Collaborations between the art form, the therapist, the patient and the health care organisation
- Engaging the patients in the application of arts in their recovery and quality of life
- Enhancing the patients experience and utilising arts to improve the quality of health care delivered
- Better patient outcomes through the application of the arts
- Processes for the commitment to collaboration for sustainability and the value of the project in enhancing the patients' experience
- Using arts in health prevention education and activities
- Incorporation of arts and design to develop an environment or health facility that promotes health and wellbeing for patients and the community
- Promotion of CORE values in all patient interaction.

In total 18 submissions were made in 2015.

The winner of the 2015 Award was as follows:

### **BreastScreen NSW – Culturally and Linguistically Diverse (CALD) Engagement Strategy**

#### **Sponsored by the Cancer Institute of NSW**

Using community engagement activities, this project aimed to promote awareness of the BreastScreen NSW Program to women from Arabic speaking and Chinese communities. At the time of implementing the campaign, it was estimated that around 10,000 women from Arabic-speaking communities and around 15,000 women from the Chinese community in NSW and within the BreastScreen target age group, had not had a regular mammogram. The Cancer Institute NSW implemented a campaign that encouraged community participation via community art workshops in partnership with Chinese and Arabic organisations. While

working on art projects, the workshops educated women about the importance of breast cancer screening. The workshops were followed by an event to launch the completed artworks, which were then toured in NSW libraries in areas with large Arabic-speaking and Chinese communities. The BreastScreen NSW CALD Screening Engagement Strategy is an example of using the arts in an innovative way for the purpose of health promotion. The project produced two beautiful and unique artworks that can now be displayed in BreastScreen NSW services to support a positive patient experience, and incorporated into resources to promote breast cancer screening.

In addition the Minister inaugurated a separate award to provide start-up funding (PITCH Grants) of \$10,000 to a project pitched at the Conference. Three entries from the large number submitted were chosen to pitch in a ten minute presentation to the Conference judged by the Minister and a panel of advisors.

The criteria for the pitch were:

1. creation or encouragement of partnerships between a patient/client, a health sponsor/provider, and an artistic organisation or art practitioner
2. engagement of patients/clients in determining in what type of arts they wish to participate
3. engagement of parties in the planning process for arts and health projects

In the event all three pitches were judged to be of such a high calibre that each was given a \$10,000 start-up grant.

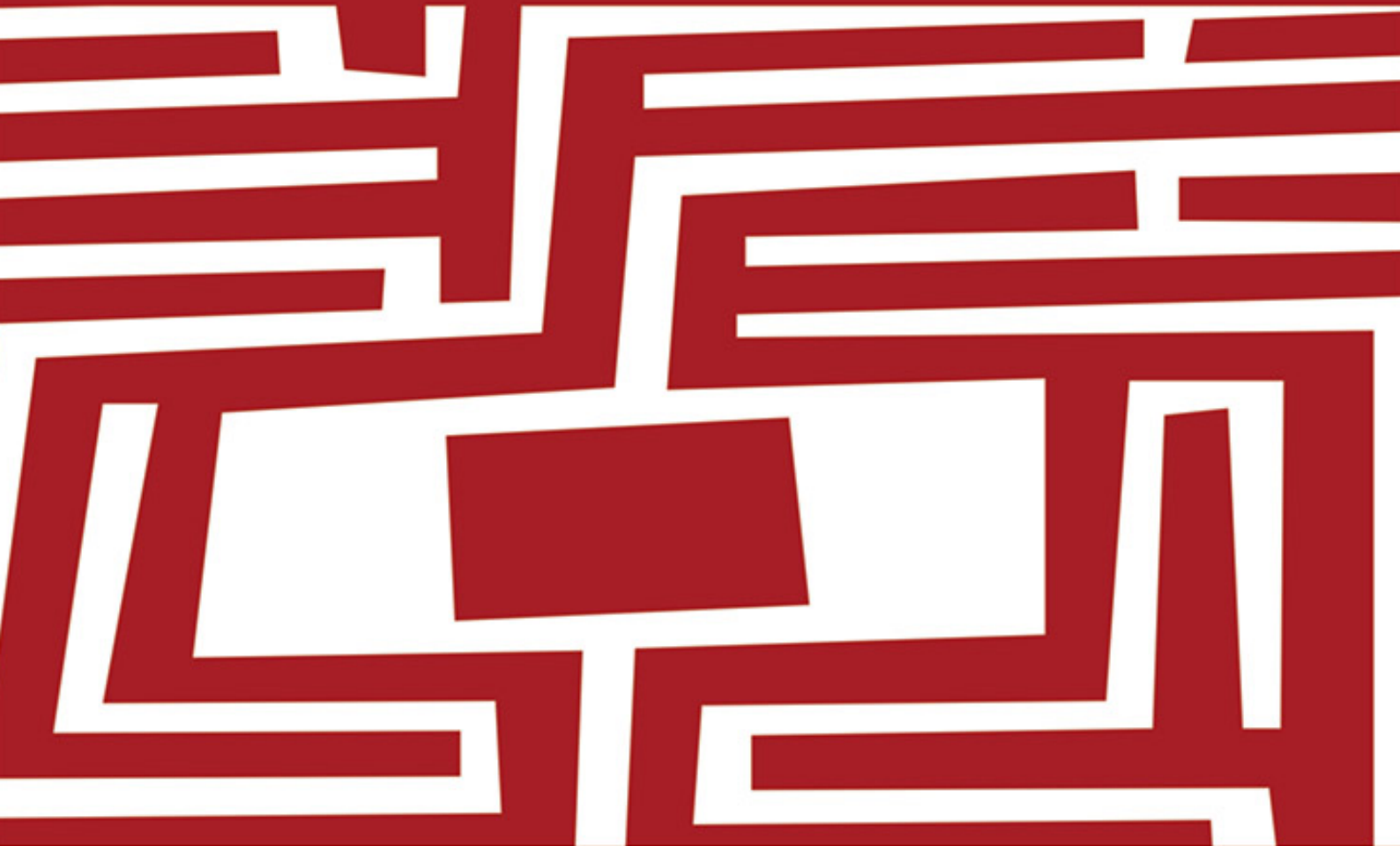
The successful entries were:

- **Agency for Clinical Innovation: *Music and Memory in NSW Health Facilities***  
This involved talking to each patient in a health care facility and helping them populate an individually provided iPod with the music and sounds most dear and relevant to them
- **Justice Health and Forensic Mental Health Network: *Into the Wild - Development of an Arts and Health Outdoor Performance Area Within the Grounds of a High Secure Hospital***  
This provides for the development of an outdoor performance space within the grounds of the Forensic Mental Health Hospital which can be used for patient-devised performances and for performance by artists invite into the secure facility
- **St Vincent's Health Network: *Ice Street Project - 'Connection, Communication and Healing'***  
This involves providing patients attending a drug and alcohol rehabilitation facility with a camera and guidance by a skilled professional photographer to allow them to take pictures (for subsequent exhibition) to help them interpret their lived experiences of recovery and rehabilitation.

APPENDIX G: REPORT ON THE SYSTEM DIAGNOSTIC – HATFIELD  
HOUSE CONSULTING

Health and the Arts Taskforce  
**Report on the System Diagnostic**

11 February 2016






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## Executive Summary

The system diagnostic project was initiated to support the Health and the Arts Taskforce established by the Hon. Jillian Skinner MP, Minister for Health, in 2015. The Taskforce has been appointed to advise the Minister on the development of a NSW Health and Framework to integrate health and the arts across the NSW public health system.



*Arts and health refers broadly to practice of applying creative, participatory or receptive arts interventions to health problems and health promoting settings to create health and wellbeing across the spectrum of health practice from primary intervention through to tertiary treatment*

National Arts and Health Framework

The system diagnostic involved:

- An environmental scan of local and international literature on health and arts practice, policy frameworks that support the integration of health and the arts, and organisations which might partner with NSW Health
- Two online surveys to gather information from Local Health Districts, the Ambulance Service of NSW, Specialty Networks and other NSW Health agencies, about existing initiatives engaging artists and the arts community, and the organisational perspective on opportunities and barriers to embedding arts practice into health services and facilities.

Four domains were identified as foci for the system diagnostic:

- Engagement mechanisms with artists and the arts community
- Arts initiatives
- Funding models
- Governance structures.

The system diagnostic survey results show NSW experience is closely aligned to health and the arts literature – the scale and scope of practice in NSW reflect work in other jurisdictions including the United Kingdom and at a national level in Australia. Like other jurisdictions, there is also substantial scope to enhance coordination of activity and resources in NSW to support better integration of health and the arts, the development of more sophisticated practice in a broader range of art forms, and practice at scale.

There is growing evidence about the benefits of arts practice in health settings, services and facilities. This evidence spans the continuum of health from prevention and wellbeing to management of chronic conditions, and benefits include better patient experiences for individuals, their families and carers, to system-wide savings generated through reduced length of stay in hospital.

Further evidence – particularly evaluation of existing programs and the implementation requirements for ‘scaling up’ – is required in the NSW context to translate international evidence to practice and quantify the benefits for NSW’s patients and health services.

A set of implementation factors for successful health and the arts initiatives has been collated in this report from selected evidence, these include:

- An evidence-based framework that identifies health issues, actions, priority populations and mutually desired outcomes, to ensure investment is strategically aligned to policy priorities and coordinated for maximum impact across NSW
- Engagement of senior level support and sustained commitment to health and the arts practice
- Appropriate training and education across health and arts professional groups to design and implement effective strategies
- Productive and strategic partnerships across health services and arts organisations at all levels of the system.

Funding models and governance structures will be key to the success of efforts to integrate health and the arts. The system diagnostic surveys demonstrated that a mix of funding models exist across NSW at the present time – where initiatives are wholly funded by Local Health Districts (or other Health organisations), partly funded by Local Health Districts and other partners or wholly externally funded (most frequently by local Councils or arts organisations). Funding amounts for individual initiatives are minimal, from less than \$1,000 for one-off events or purchase of equipment, to \$10,000 for arts initiatives delivered as part of other services such as maternity, Aboriginal health, and mental health. Funding is infrequently recurrent and no staff positions have been identified which are dedicated to arts practice in the public health system.

In many cases no formal governance structure exists for health and the arts initiatives; in others the governance structure relates to the program or service into which the arts practice is embedded. For the small-scale, one-off, locally delivered initiatives this presents little risk; however the focus on these kinds of initiatives also stymies the creation of a larger-scale, state-wide, innovative and integrated arts practice in NSW Health services and facilities. On the other hand, governance relating to capital works is comprehensive and Health Infrastructure presents a strong model for embedding arts practice into public health programs, with appropriate provision of funding, attention and commitment to realising the benefits of the arts for patients, staff, visitors and communities around NSW Health facilities.

Looking to the development of a NSW Health and the Arts Framework, public policy is available to guide work by the Ministry of Health and Local Health Districts. *Create in NSW: NSW Arts and Cultural Policy Framework* outlines a vision for excellence in arts and culture in NSW which spans metropolitan and regional communities and incorporates support for artists, arts organisations and arts infrastructure. The ambitions set out in *Create in NSW* of excellence, access and strength could usefully be adopted for the NSW Health and the Arts Framework, relating as they do to the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment. Actions in *Create in NSW* could also be leveraged in the NSW Health and the Arts Framework, including:

- Collaborating with local governments in regional NSW with a focus on opportunities for creative hubs and cultural precincts
- Enhancing performing arts touring in regional NSW
- Creating professional development PAthways for artists and for arts and cultural workers.

Likewise, the evidence-based *National Arts and Health Framework* provides guidance more specifically for health settings. Alongside a set of principles for exemplary practice, the Framework

identifies areas of practice for consideration by Health agencies which should form the focus of strategies in the NSW Health and the Arts Framework:

- Promoting health and wellbeing using the arts
- Through partnerships, collaboration and relationships, build strategic alliances and collaborative approaches across arts and health sectors, the spheres of government, the community, business, education and the non-government sector
- Ongoing research, evaluation and documentation of arts and health practice
- Integrating the arts into health facility buildings and their environs
- Contributing to the achievement of government priorities through alignment of arts and health programs with priority agendas including Aboriginal health, mental health and primary health care.

While the system diagnostic surveys found highly positive associations related to health and the arts practice across the whole of NSW, including a strong (if often intuitive) awareness of the benefits of health and the arts, and a robust level of activity at present across a range of priority programs including palliative care, Aboriginal health, multicultural health and sexual health, it is also clear that much effort will be required to transform the current level of practice from facility-by-facility and service-by-service activity which is often transitional or one-off, to an integrated system-wide approach to embedding arts practice into NSW Health services and facilities.

The survey found an ad hoc approach to the governance of arts activities across NSW Health. This is based on a current scarcity of available policy and governance advice for such initiatives and a low assessment at local level of the risk involved with relatively small-scale initiatives. The survey also found strong interest among practitioners at local levels for further consideration and direction about how governance arrangements might be structured.

Similarly, the diverse funding approaches identified through the diagnostic provide an opportunity to further consider funding models, and how new funding opportunities could be leveraged to promote partnership approaches across government, arts, philanthropic organisations and local communities. The system diagnostic surveys showed a strong recognition of the need for state-wide coordination and direction in relation to health and the arts practice, meaning that with local senior engagement and leadership, the establishment of a NSW Health and the Arts Framework is likely to significantly foster the scaling up and regionalisation of visual arts practice and broaden the scope of practice in screen and digital media, performing arts and literary arts across NSW.

The benefits of increasing the scale and scope of arts practice in NSW Health will be demonstrated through evaluation, which should include evaluation of the economic return on investment from health and the arts.

## Background to the System Diagnostic

### Taskforce on Health and the Arts

The Hon Jillian Skinner MP, Minister for Health, announced on 27 August 2015 the establishment of the Taskforce on Health and the Arts. Chaired by Chris Puplick AM, the Taskforce will develop a NSW Health and the Arts Framework supporting integration of the arts with the whole of the NSW Health system. The Taskforce will take into account the *National Arts and Health Framework* and *Create in NSW: the NSW Arts and Cultural Policy Framework*.

The Terms of Reference for the Taskforce on Health and the Arts note that the arts, visual, performing, craft or literary arts, play a significant role in promoting the health and wellbeing of patients, staff, clients and visitors to NSW health services and within the broader community. More specifically, the incorporation of arts in the design of health facilities and delivery of health services provides opportunities to:

- Promote healthy living and illness prevention
- Provide support in the management of illness and chronic disease
- Aid rehabilitation and recovery
- Provide comfort as part of end of life care.

The Taskforce will provide specific expertise and guidance in relation to:

- The range of mechanisms and models for incorporating the arts into the design of health facilities and the delivery of health services
- The range of governance mechanisms and models for funding arts initiatives across NSW Health
- A clearing house mechanism to facilitate the exchange of information and ideas on the incorporation and funding of the arts across NSW Health.

### System diagnostic

The system diagnostic is intended to support the Taskforce on Health and the Arts in its development of the NSW Health and the Arts Framework. The system diagnostic, undertaken between October 2015 and January 2016, provides a high level summary to indicate arts activity across the NSW Health system, and did not attempt to be a comprehensive audit of all existing arts activity. It involved:

- An environmental scan of local and international literature on health and arts practice, policy frameworks that support the integration of health and the arts, and organisations which might partner with NSW Health
- Two online surveys to gather information from Local Health Districts, the Ambulance Service of NSW, Specialty Networks and other NSW Health agencies, about existing initiatives engaging artists and the arts community, and the organisational perspective on opportunities and barriers to embedding arts practice into health services and facilities.
- Analysis and reporting (this report).

Four domains were identified as foci for the system diagnostic:

- Engagement mechanisms with artists and the arts community
- Arts initiatives
- Funding models
- Governance structures

## Key Data Findings from the System Diagnostic Surveys

### Summary of key findings and opportunities revealed in the survey data

The following summarises key findings. More detailed findings follow in this section.

#### Key findings

- There is a robust level of health and the arts activity at present, most frequently in visual arts (painting, drawing, sculpture and crafting) and Aboriginal arts and culture, and strong awareness of professional artists and arts organisations with whom partnerships can be formed
- Funding models are mixed with NSW Health program and service funding, other NSW Government agency/local government funding and non-government including philanthropic and corporate funding, and funding is infrequently recurrent
- Partnerships and sponsorships are widespread however there is scarce guidance on how to manage these successfully, and concern about the ethical and practical issues which may arise through some forms of partnerships is a disincentive to seeking out partnerships
- Appropriate spaces for arts are already available in existing built facilities
- Identified gaps are leadership, coordination, governance and funding
- There is strong support for a clearing house with highest priority functions nominated as:
  - Funding / provision of art works
  - Brokering relationships, partnerships, sponsorships and networks
  - Providing practical guidance and a governance framework.

#### Opportunities arising from the survey findings

- Identifying the 'right' people to hold responsibility for integration of health and the arts is critical; this is not necessarily the practitioners, who are usually located in individual services such as mental health and lack organisation-wide influence
- There are opportunities to increase the scope and scale of practice in performing, digital and literary arts
- A key opportunity for scaling up and increasing efficiency would be to increase regionalisation of initiatives, with significant effort currently invested in one-off events at single facilities
- Governance structures need to be implemented for larger scale initiatives, particularly to support funding eligibility which is presently low or unknown
- Health and the arts should be incorporated into strategic plans and communications, which is presently at a low level
- Health and the arts initiatives could be enhanced by inclusion of research and evaluation elements.

#### Survey development

Two surveys were developed, in consultation with the Taskforce. The first survey was intended to seek organisational-level responses, providing a system-wide perspective on existing engagement mechanisms between Health agencies, artists and the arts community. The second survey was developed to elicit specific information about individual health and the arts initiatives which are

currently (or were recently) in place across NSW Health. This survey was intended to establish a snapshot of health and the arts activity across NSW in the second half of 2015.

The surveys were developed to address the four domains identified as key for the NSW Health and the Arts Framework:

- **Engagement mechanisms with artists and the arts community:** what are the existing engagement mechanisms for artists and the arts community in NSW? What are the engagement mechanisms in place elsewhere which could be adopted in NSW? How do engagement mechanisms, messages and channels differ between artists and the arts community at large? How can these mechanisms be supported in a sustainable and integrated way at a State level and adapted and implemented locally, through the Health and the Arts Framework?
- **Arts initiatives:** what is the spectrum of arts initiatives which can be accommodated within the scope of design of health facilities and health services? How can innovation in arts be integrated with Health facility design and service delivery? What enablers exist or can be introduced for arts initiatives across NSW Health? How can the integration of cultural identity be incorporated as a NSW Health value?
- **Funding models:** what existing funding models exist to support incorporation of arts and Health, locally and at State, national and international levels? How can funding be managed sustainably to provide the greatest level of engagement between arts and Health? What are the mechanisms and initiatives which are suitable for funding? What opportunities may exist for funding from sources other than NSW Health?
- **Governance structures:** what existing NSW Health governance models can incorporate governance of arts and Health initiatives? How can the Health and Arts Framework support governance at a State level and adapted and implemented locally?

Draft surveys were considered by the Taskforce at its first meeting on 27 October 2015. Valuable feedback from the Taskforce was incorporated into the final surveys (Appendix 2).

### Survey process and response rate

Chief Executives of the Local Health Districts, the Ambulance Service of NSW and other NSW Health agencies (listed at Appendix 4) were asked to nominate a local coordinator for the system diagnostic. The local coordinator responded to the organisational survey (in most cases) and identified staff whose roles incorporate engagement between health and the arts through service delivery including capital works, asset management, health services and programs which included arts components, and specific health and the arts programs. These staff completed the initiatives survey.

The instructions to respondents are found in the surveys in Appendix 2. Both surveys were completed online through Survey Gizmo. In five cases technical issues for the respondents meant Word responses were made and the consultant entered those responses directly online.

The response rate for both surveys was high. 100% of organisations responded to the organisational survey. 107 individual health and the arts initiatives were recorded in the second survey from across all organisations including every Local Health District; these are listed in Appendix 4.

The key findings of the surveys are reported below. Additional information from the free-text responses of each survey is found below the key findings. The full dataset from both surveys is provided separately to this report.

## Organisational perspectives on health and the arts

### Engagement mechanisms with artists and the arts community

84% of organisational respondents considered that if support (such as leadership, coordination, funding and a governance framework) was available, their organisation could develop new or expanded ways of embedding integration with artists and the arts community into health facilities and community services, programs and events.

52% of organisations are already engaged with a State level arts organisation; the most frequent responses across the State were the Art Gallery of NSW or Arts NSW.

When asked to think broadly about what kind of professional, amateur and volunteer artists and arts organisations the organisation could engage with, the most frequent responses were (in order):

- Visual arts: painting, drawing, sculpture, crafting (96%)
- Aboriginal arts and culture (92%)
- Screen and other digital media: film making, film screening, animation (88%)
- Performing arts: music, theatre, music theatre, circus, physical theatre, dance (68%)
- Literary arts (68%).

80% of respondents were aware of professional, amateur or volunteer artists and arts organisations with whom partnerships could be developed locally to the organisation; 72% were also aware of businesses, charitable organisations, non-government organisations or philanthropic organisations with whom partnerships could be established.

### Arts initiatives

50% of organisations share information about health and the arts initiatives with other LHDs, networks or the community.

92% of organisational respondents agreed that spaces and assets in existing facilities could be used for arts purposes. Of these spaces 87% of respondents considered the spaces were appropriate for exhibiting paintings and sculptures in public areas, and using internal spaces and outdoor forecourts and gardens for performance (69%).

The most frequent responses when asked what kind of provisions need to be put in place to integrate arts into the design of new health facilities were exhibition and performance spaces, hanging systems, lighting, audio-visual and digital infrastructure, and guidance regarding curation, asset management, and decommissioning/deaccessioning.

*“Most importantly, it has to be part of the culture of the organisation and executive team leading the development with appropriate resourcing”*

*“Information should be included in the Health Facility Guidelines preamble about making arts a focus so that it is considered during the planning stage for consideration by SRG (special reference group) dedicated to 'arts in hospitals”*

*“Generally, the provision of space for exhibition and performance spaces are valued, as well as symPAthetic artistry within the facility design itself to maximize therapeutic setting and reduce 'institutional and clinical' feel of hospital and healthcare settings”.*



32% of respondents reported that health and the arts initiatives are delivered to the bedside, or in dedicated spaces for patients at end of life or living with dementia. 40% of respondents noted that their organisation did not deliver these kind of services, so the 32% response reflects 8 out of 15 organisations which did deliver such services.

### Funding models and governance structures

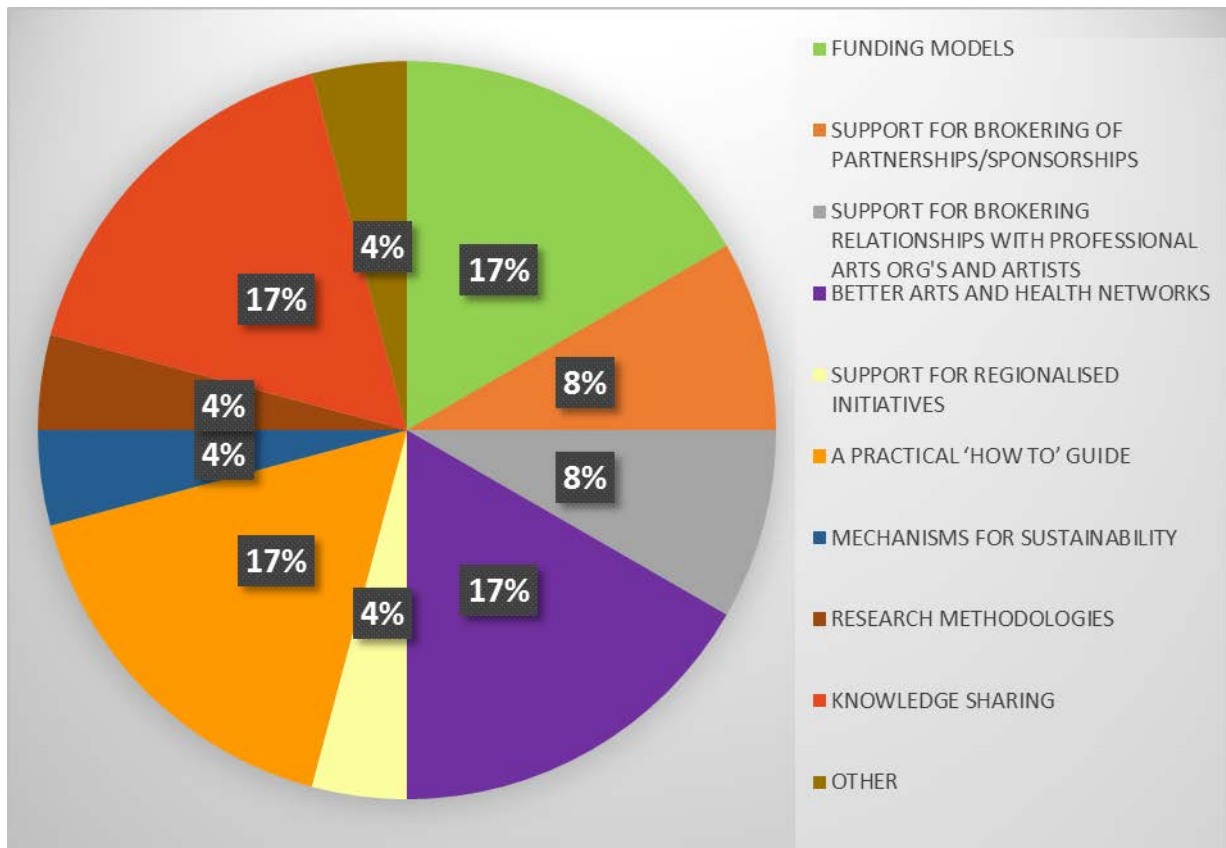
64% of organisational respondents reported that there is no defined local contact or structure for health and the arts.

When asked what would be needed to better support integration of health and the arts, funding and governance responses featured prominently:

- Funding (80%)
- Support for brokering relationships with artists and arts organisations (56%)
- Support for brokering partnerships/sponsorships (48%)
- A practical 'how to' guide (36%)
- Governance framework (32%)
- A clearinghouse or portal for knowledge-sharing (28%)
- Public arts policy (24%)
- Mechanisms for sustainability (24%)
- Research and evaluation methodologies (24%)

When asked specifically about the potential for a clearing house to support integration of health and the arts in NSW Health, two-thirds of organisational respondents agreed that a clearing house would be useful. None of the respondents answered 'no'; one-third responded 'don't know'.

The primary functions of a clearing house according to organisational respondents, were: knowledge sharing, funding models, and a practical 'how to' guide (17% each), followed by support for brokering relationships with professional arts organisations and artists, and support for brokering of partnerships/sponsorships (8% each)(see below).



### Other insights from organisational respondents

A selection of free-text responses from the organisational surveys are reported below. These comments were elicited from the survey question "Please take the opportunity to share any additional information or ideas about integrating artists, arts communities and health in NSW".

*"Broken Hill has a well-established arts community and the hospital enjoys a long-established relationship with local galleries and artists. Our ideas are only limited by lack of funding and support of dedicated staff to achieve our vision of having an Arts program that would be utilised by our patients and staff with participation of our community as a whole".*

*"The Network also continues to deliver internally facilitated arts and health programs in the Forensic Hospital, including a patient-led writing group, and activities facilitated by the 2 art therapists, including card making. Given the scope of healthcare delivery in correctional and juvenile justice facilities there are some barriers to integration of arts and health initiatives in the custodial setting."*

*"There is lots of enthusiasm in the LHD to take these sorts of initiatives further with the right kind of governance and funding models".*

*"There is a lot of good things already occurring - learnings can be gained from those who have had programs for a number of years. Research is needed to under pin the benefits of art in health spaces. There should be acknowledgment that art for acute and sub-acute areas are vastly different and contingent upon the patient population and healthcare provided".*

*"I think this is an important initiative which could lead to real gains in both the arts and health sectors. At its simplest, art in hospitals is of enormous value to the patients, visitors and staff but if we can further develop this relationship I think there will be a greater amount of integration and involvement possible".*

*“It’s important to have the right people in organisations driving the arts initiatives. It is not an easy tag on to existing roles and responsibilities”.*

*“Much work has been done overseas on which we can draw. The CEC’s Patient Based Care Challenge has long encouraged the use of art in health care services and design to improve the ‘patient focus’ of health services and to support navigation and wayfinding”.*

### The scale and scope of health and the arts initiatives in 2015

As noted above, 107 responses were received from NSW Health organisations recording information about current or recent health and the arts initiatives across the NSW Health system. Respondents were asked to complete a survey for any activities, events, services or programs which could be considered to be health and the arts initiatives, as defined below:

**Health and the arts initiatives** refers to art forms and arts activities in which patients, clients, carers, staff, the community and other stakeholders are engaged and invited to participate as creators ('creative participation') and/or audience ('receptive participation').

*Examples of health and the arts initiatives include:*

- *a gallery or exhibition of visual artworks in public, patient, commercial or executive spaces*
- *volunteer crafting such as knitting blankets or artworks*
- *performing arts such as live music, dance and theatre in facilities*
- *literary arts such as reading and creative writing*
- *digital film making and use of other new technologies to create or display art*
- *competitions and awards programs*
- *artist in residence programs.*

*Aboriginal arts and culture is a particularly important part of engagement with the arts which should be incorporated in survey responses.*

A selection of responses is reported below aligned to the four domains of inquiry.

### Engagement mechanisms with artists and the arts community

There is a significant amount of engagement between Health services and artists and arts communities across NSW. This includes engagement with local artists and with State-level arts organisations, it includes professional, amateur and volunteer artists, and covers rural, regional and metropolitan areas of NSW.

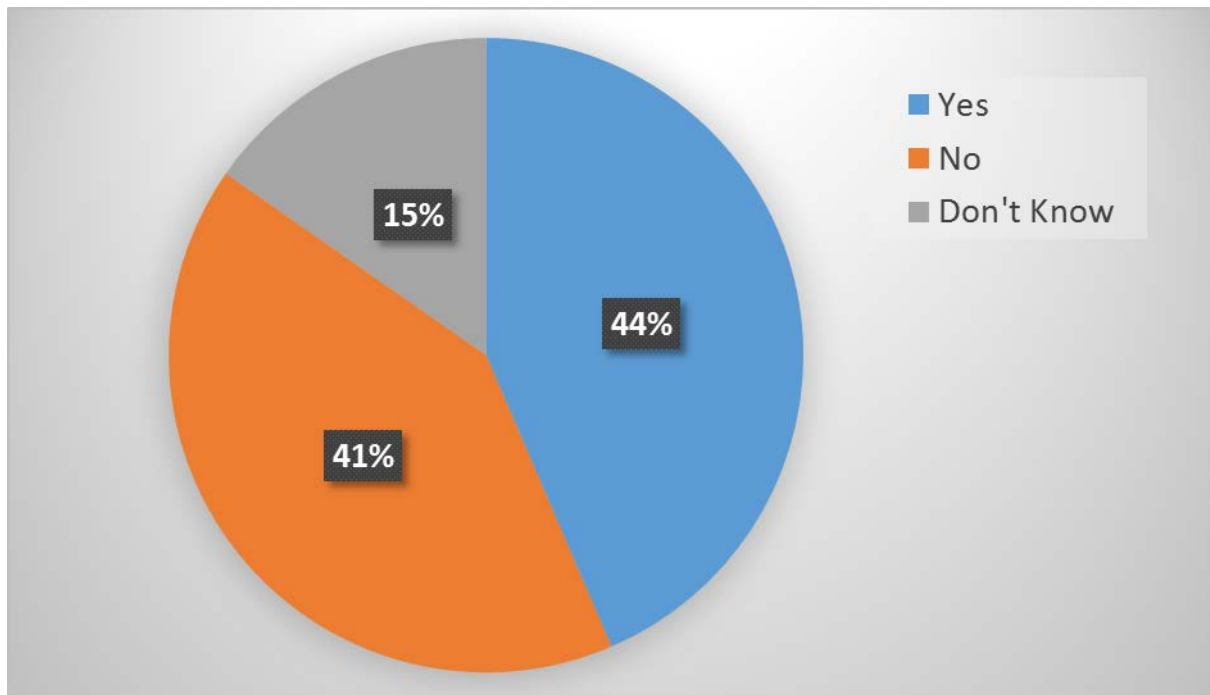
Guidance to survey respondents was provided as follows:

*Professional artists/arts practice refers to the expertise of educated and trained professional artists who create art (eg. producing artworks for a hospital’s art collection, working with individuals and communities to create arts experiences).*

*Volunteer and amateur artists/arts practice refers to non-professional artists who may focus on enjoyable participatory recreation.*

41% of initiatives involve professional arts organisations such as co-operatives, Aboriginal organisations, theatres or galleries. Predominantly these were local and regional galleries.

*Are professional artists, trained to deliver professional arts and health programs involved in the health and the arts initiative?*

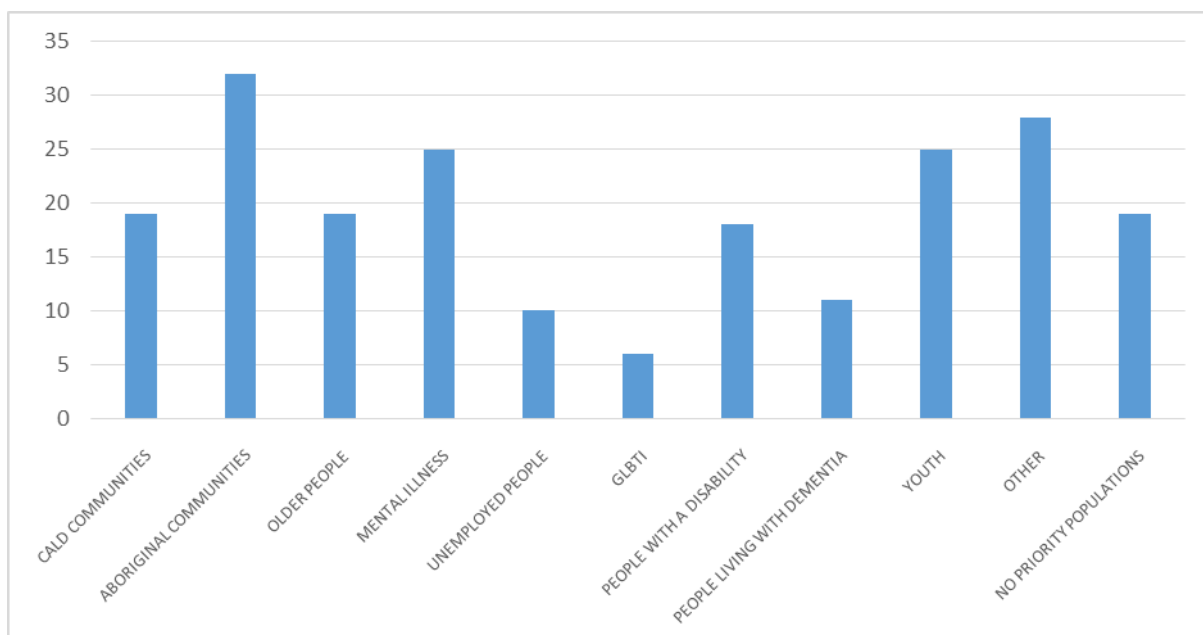


58% of initiatives reported in the system diagnostic survey had received professional advice about the initiative, such as establishing protocols for accepting and placing artworks, training and education from professional artists, and/or developing an evaluation methodology.

*Engagement of priority populations*

Many health and the arts initiatives (79%) target priority populations as artists/creators; most frequently (in order) Aboriginal communities, young people, people with a lived experience of mental illness, and older people.

*Does this health and the arts initiative target as audiences priority populations?*



When asked about priority populations as audiences, the most frequent responses were repeated.

#### *Engagement with NSW Health staff*

Almost half (48%) of reported initiatives involved NSW Health staff as artists/creators. 89% of initiatives involved NSW Health staff as managers/administrators; 17% of initiatives involved NSW Health staff as judges.

#### *Consultation with staff, patients, clients and the community*

68% of health and the arts initiatives include consultation with staff, patients, clients and the community in some form. These forms include community surveys, patient and client feedback forms, focus groups, and qualitative evaluations.

It is noted that most of the consultation reported is probably better defined as communications activities, and often takes place following an event or service is delivered rather than formative consultation like co-designing initiatives with target stakeholders.

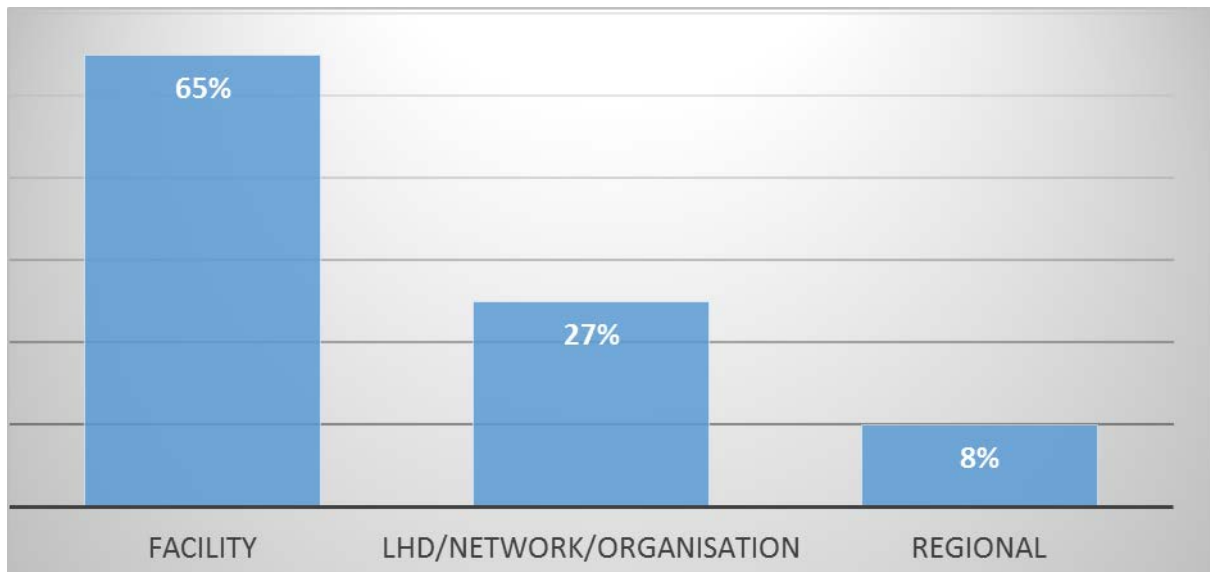
#### *Arts initiatives*

A brief description of each health and the arts initiative reported in the system diagnostic survey is included at Appendix 4. Responses regarding key themes within the initiatives are reported below.

#### *Sharing health and the arts initiatives*

The majority of arts initiatives are conducted in a single facility; this is related to the integration of arts within delivery of health programs and services, and the high frequency of arts initiatives being exhibitions of art works in health facilities, such as paintings hung on walls of public spaces.

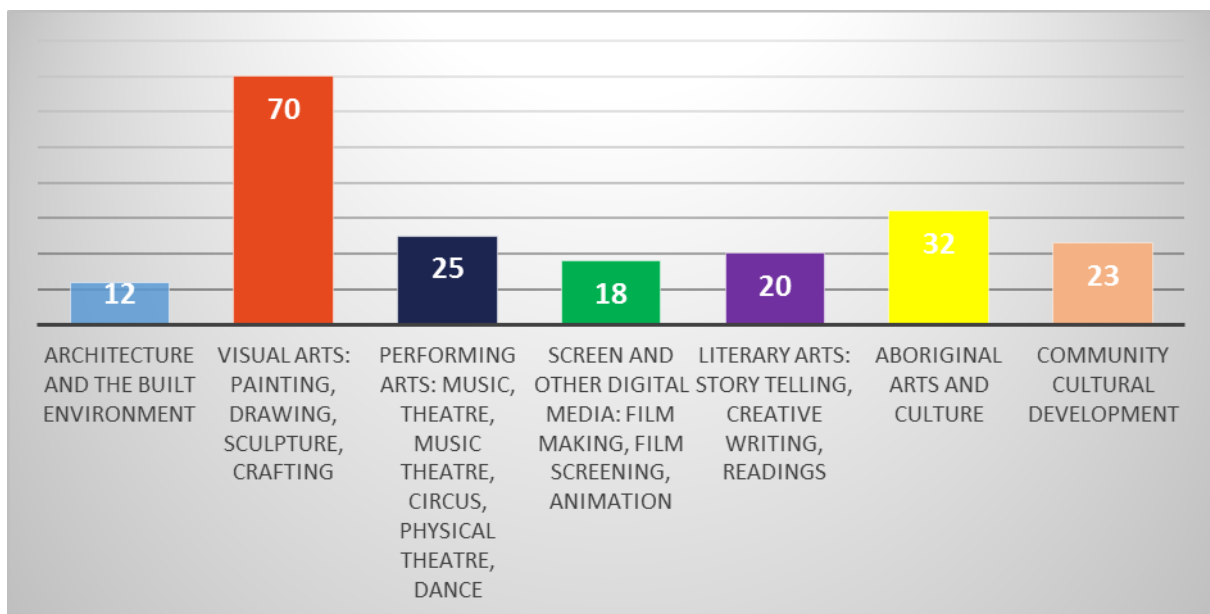
*Is the health and the arts initiative conducted in one facility, across the LHD/Network or at a regional level?*



### Art forms

The main art forms which are currently integrated into health facilities and service delivery are visual arts (painting, drawing, sculpture, crafting) and Aboriginal arts. This reflects existing practice and there is a broad scope for expanding the scale of arts practice in performing, literary and digital arts.

### Which art forms are represented?



### Relationship of health and the arts initiatives to other events and strategies

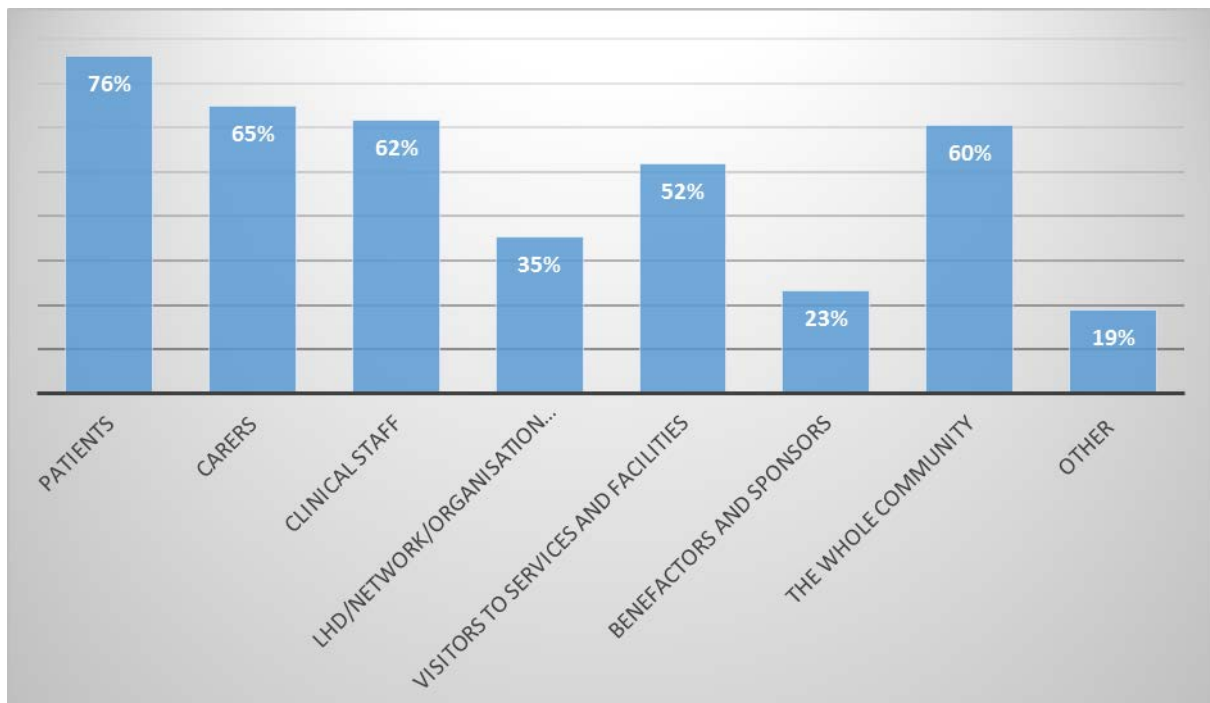
65% of initiatives are related to 'other strategies or events' such as Aboriginal cultural events, disease/condition-specific events and community engagement strategies. These included:

- Aboriginal facilities including gardens and services including birthing units and infant health services

- Behaviour management strategies for patients
- Bereavement support
- Carer's Week
- Culturally and Linguistically Diverse Communities engagement strategies
- Mental Health Week/Month
- Close the Gap Day and NAIDOC Week
- Community engagement strategies at LHD level
- Dementia activities
- Go Red for Women (women's cardiovascular health)
- Harmony Day and multicultural health events
- Infection control promotion strategies
- National Volunteer Week
- Occupational Therapy Week
- Opening of new facilities and services
- Palliative care services
- Postnatal Depression Day
- World AIDS Day
- Youth Week

### Audiences

There is little segmentation with regard to audiences for health and the arts initiatives.



### Capacity – curation, training and education, and research and evaluation

61% of health and the arts initiatives have a curator, director, programmer or producer. Of these, one-third are staff of NSW Health, 25% are staff of an arts organisation, and 9% are staff of a benefactor organisation.

35% of health and the arts initiatives incorporate training and education from professional artists or arts organisations.

45% of health and the arts initiatives are supported by evaluation or research (55% do not have an evaluation or research component). Commonly evaluation of the health and the arts initiative formed part of a broader program/service evaluation or the post-occupancy evaluation of new capital works. Qualitative evaluations by way of feedback forms distributed to participants of health and the arts initiatives were also common.

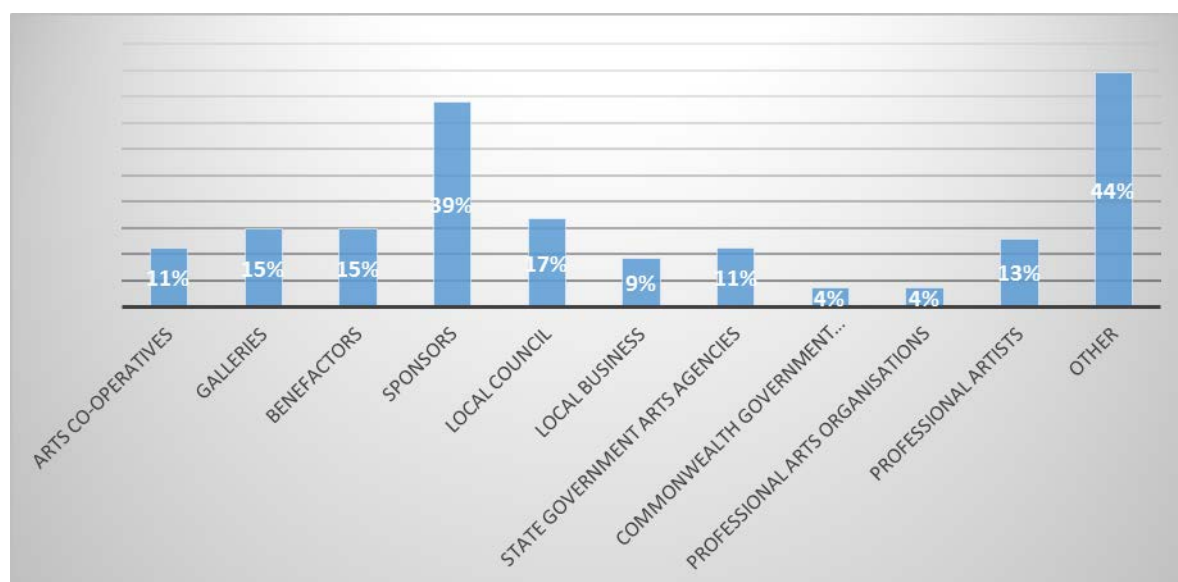
### Funding models

A range of funding models were identified through the initiatives survey, including NSW Health capital, operational and in-kind funding, and grants and sponsorship funding sourced from external (non-NSW Health) sources including philanthropic, private and State and Commonwealth Government agencies.

The frequency of each funding model was broadly equal: 35% of initiatives were wholly LHD funded, 35% of initiatives were partially funded by the LHD, and 30% had no LHD funding.

The primary internal funding sources were program and service budgets (56%), followed by allowing use of facility space for arts and health initiatives (38%).

The most frequent external funding sources were sponsors (39%), local Councils (17%), benefactors (15%) and State Government arts agencies (11%) (see below).



28% of initiative respondents reported they had previously applied for arts funding; 55% of these reported they were successful in being awarded funding.

34% of initiatives were one-off or not intended to be ongoing; these were often events rather than health programs or services. 34% of initiatives were intended to be ongoing but were not recurrently

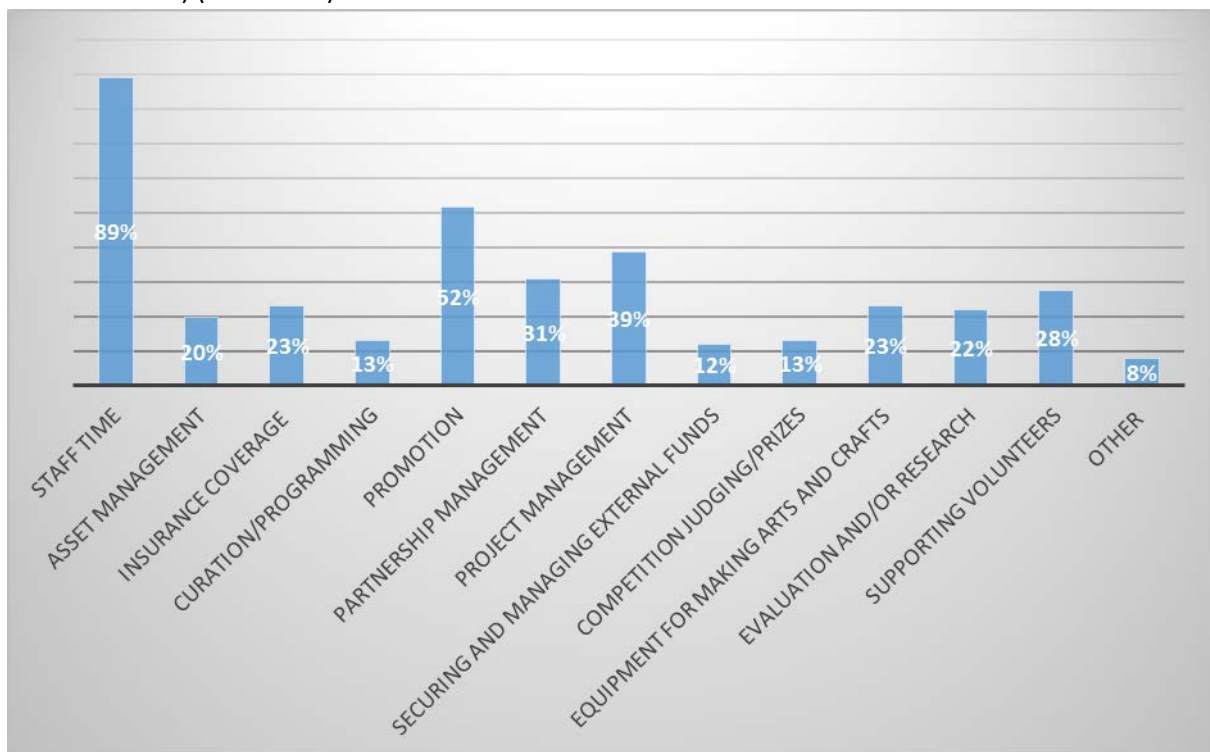


funded. 17% of initiatives had ongoing (recurrent) funding; 15% had partial ongoing (recurrent) funding.

22% of initiatives had funding which paid for positions to support the initiative; unfortunately the survey did not show whether these positions were dedicated to health and arts activities or were part of program or service staffing. No free-text responses were received in relation to dedicated positions for health and the arts activities.

The primary in-kind investments made towards health and the arts initiatives by NSW Health agencies were:

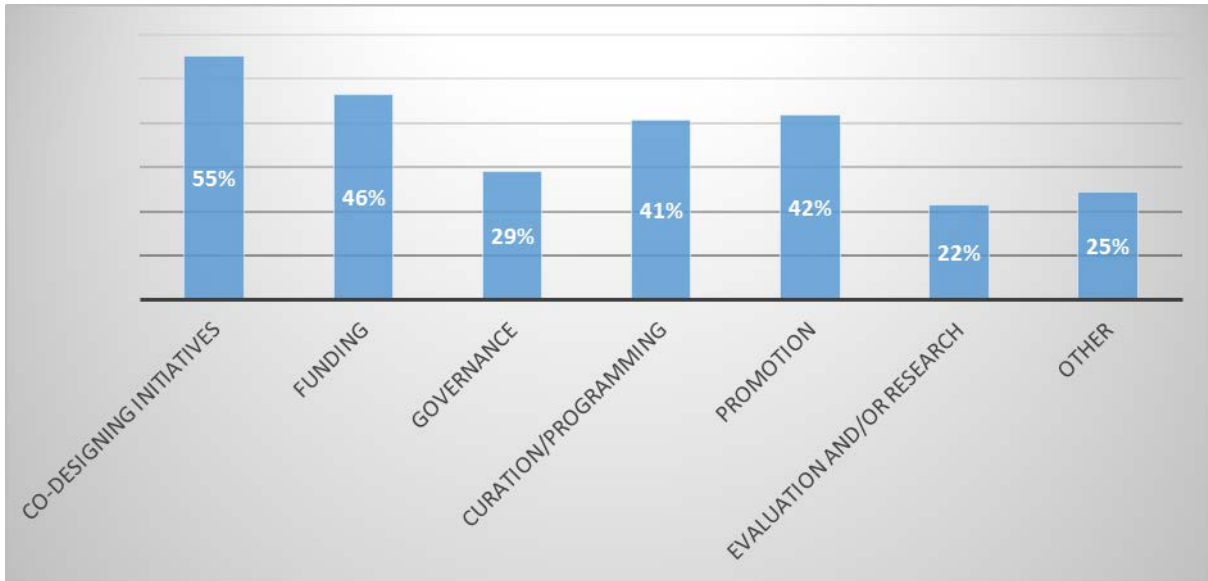
- Staff time
- Promotion of the initiative
- Project management for the initiative
- Insurance (including insurance coverage for art works, and public liability insurance for events) (see below)



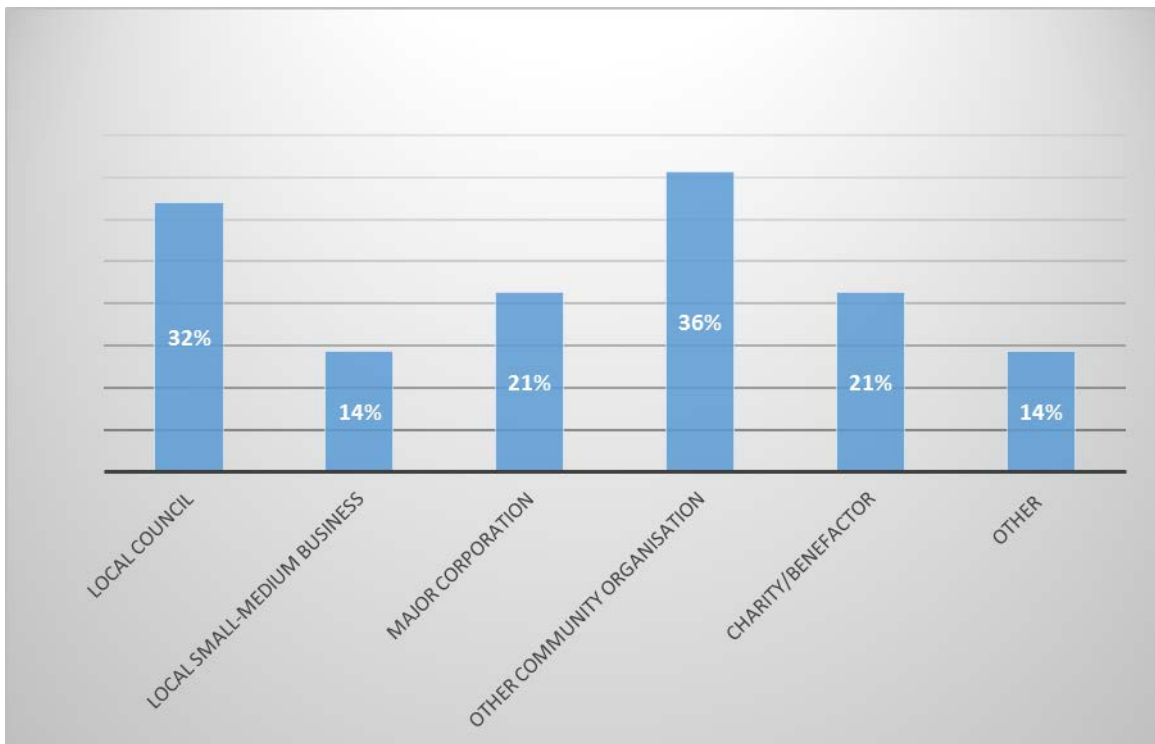
42 responses were received identifying total funding (internal or external sources) for individual health and the arts initiatives. The amounts ranged from less than \$100 to \$95,000. Some responses only identified LHD funding contributions, making an average cost per initiative difficult to quantify, but the most frequent responses were \$5,000 and \$10,000.

#### *Partnerships and sponsorships*

70% of initiatives involve formal or informal partnerships with other organisations such as Commonwealth or State Government agencies, non-government organisations, not-for-profit organisations, universities, community groups and arts organisations; partner roles included funding, promotion and co-design (see below).



29% of all reported initiatives involve sponsors; most frequently Councils, 'other' community organisations, charity/benefactors and major corporations (see below).



44% of initiative responses reported there are protocols in place for considering ethics in partnerships and sponsorships; 29% answered 'don't know' and 27% answered 'no'. The survey question did not distinguish whether protocols were general to public sector operations (such as a Code of Conduct) or specific to engaging in partnerships (eg. procurement guidance about accepting sponsorship from a private sector company).

When asked about barriers to partnerships and sponsorships, responses included:

- Cohesion of the partnership group
- Complexity of the Health system is a barrier
- Don't know if partnerships are needed or how to utilise them (count = 12)
- Need to build awareness about the benefits of arts in the community to generate interest in partnerships/sponsorships
- The need for insurance for art works when under care of NSW Health
- Time/resources required to establish and maintain partnerships/sponsorships
- Lack of knowledge about arts networks and potential partners
- Lack of potential partners/sponsors perceived in rural areas
- Procurement system is challenging for this kind of arrangement

A sub-set of responses related specifically to ethical considerations about engaging in partnerships and sponsorship arrangements. In unprompted, free text responses, 18 respondents raised concerns about whether engaging in partnerships and sponsorship arrangements could give rise to requests from the partner/sponsor or endorsement or promotion of the partner/sponsor. This was particularly evident in relation to sponsorship by private sector sponsors. The responses did not indicate that an ethical conflict had actually arisen; rather the concern about these circumstances *potentially* arising was a factor which led to initiative managers deciding not to seek sponsorship at all. It is considered that with appropriate ethical and procedural guidance, these issues could be prevented and addressed appropriately in practice.

Likewise, respondents in this category considered that there were no appropriate sponsors known to the health and the arts initiative. This may be because initiative managers are effectively 'ruling out' a range of sponsors because of a lack of knowledge about how to manage arrangements with non-government and private sector partners.

*"Some sponsors want to be heavily involved which is not always possible when it comes to interacting with the patients. Display of plaques and other acknowledgements is generally not encouraged which can deter some sponsors".*

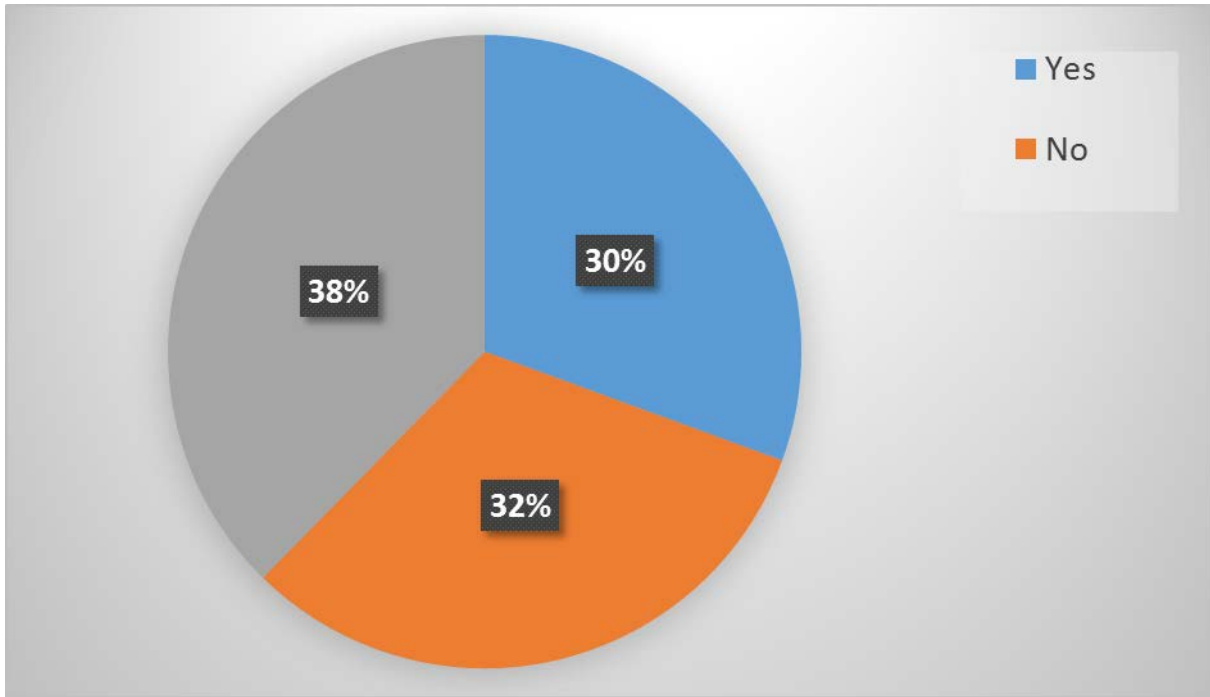
*"As a public hospital, there is a question of whether people will feel that funding should be fed to better healthcare outcomes rather than the arts (reducing the likelihood of partnerships being found)".*

*"The health and the arts initiative is person-led rather than system-led. Often the person leading the initiative does not have the authority or influence to develop partnerships and sponsors for their project. As it is not a system-led initiative there can be limited governance and support to guide and prioritise partnership development".*

### Governance structures

Half (51%) of health and the arts initiatives were reported to have a formal governance structure in place, such as a management committee, foundation, or reporting line to the Chief Executive. Some of these structures are known to be eligible to seek funding support from external organisations (31%); other are ineligible (32%) or their status is unknown (37%).

*Is the formal governance structure of a type which is eligible to apply for funding from arts agencies and other funding organisations?*



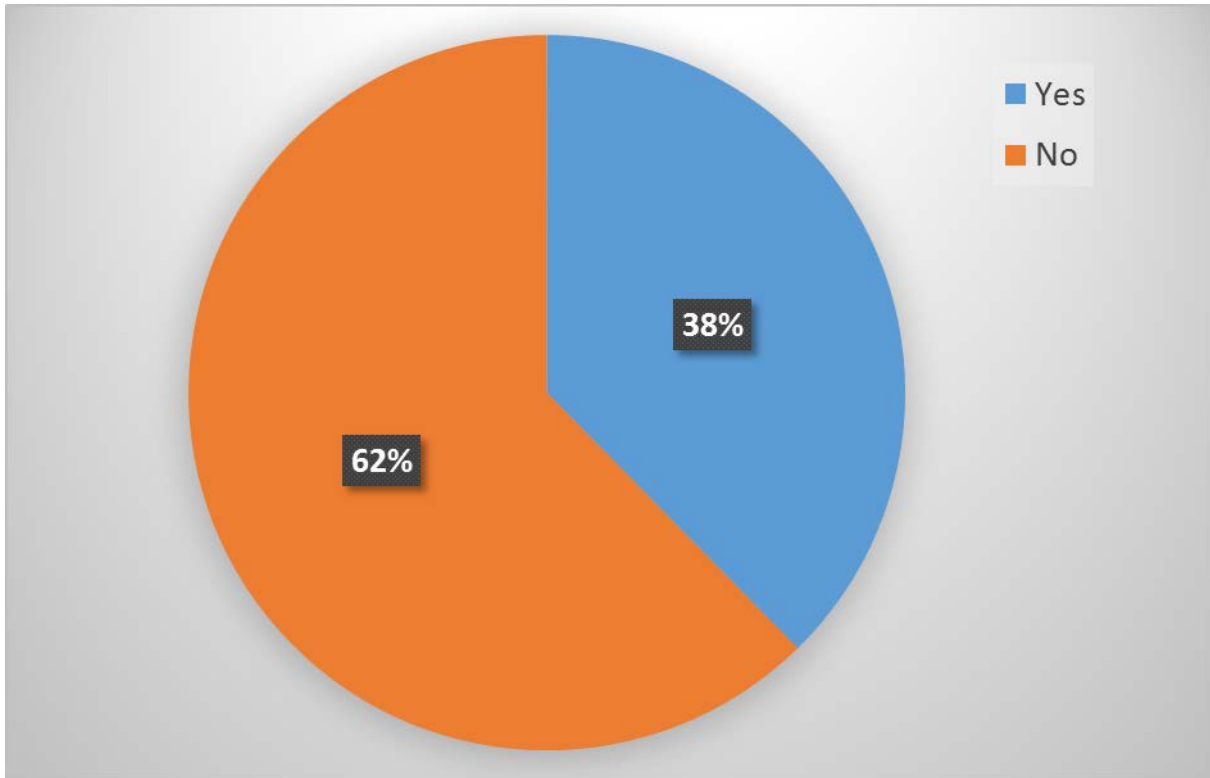
Where there was no formal governance structure in place for the health and the arts initiative, informal governance mechanisms included:

- Correspondence between the Chief Executive and external project partners
- Oversight by a department or manager as part of staff and program performance monitoring
- Consultation with and reporting to community representative and consumer structures
- Complying with terms and conditions of external funding bodies (often local Councils).

In some cases the formal governance structure was managed by a lead agency other than NSW Health/Local Health Districts, including non-government organisations such as Hepatitis NSW. NSW Health staff participated in the externally-led governance structure.

Approximately one-third of health and the arts initiatives are included in corporate or strategic plans or patient communications. This includes in accreditation relating to Standard 2 – Partnering with the Community, and facility/program business plans.

*Are health and the arts initiatives included in corporate or strategic plans and/or patient communications?*

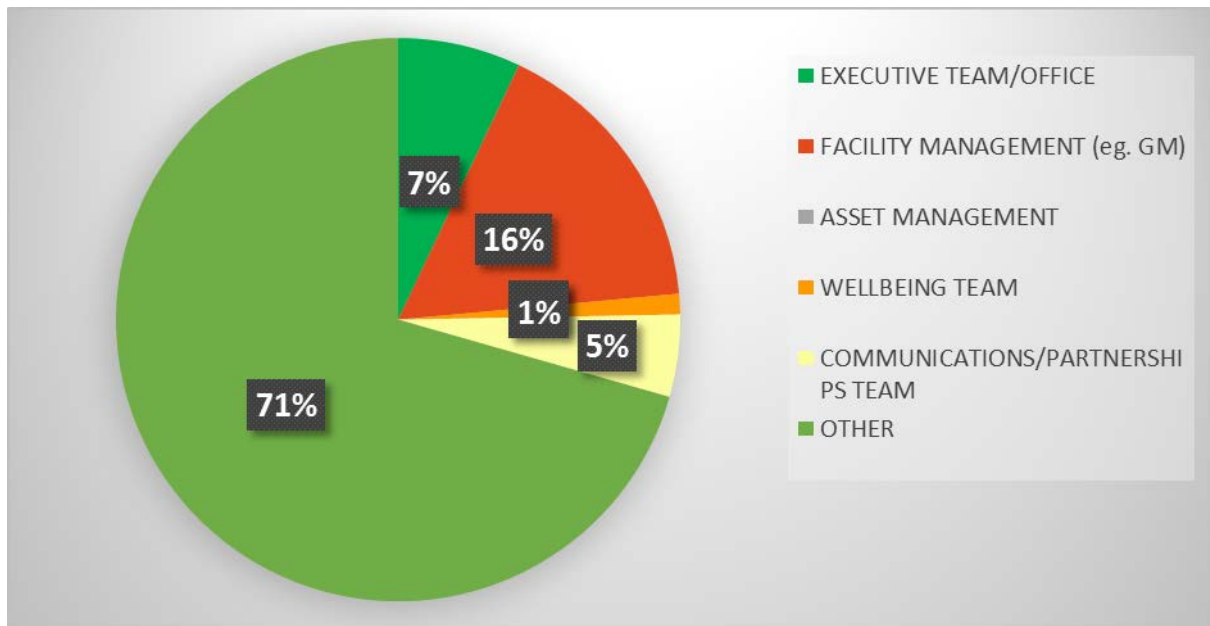


While 16% of health and the arts initiatives are managed by facilities teams, 71% of initiatives are managed by the 'other' group which included:

- Aboriginal Health including AMIHS
- Alcohol and Drug Services
- Allied Health
- Cancer Services including BreastScreen
- Capital works managers (at local level and Health Infrastructure)
- Communications and publications teams
- Fundraising teams
- Health Promotion
- Infant, Child and Family Health
- Mental Health
- Multicultural Health
- Palliative Care
- Sexual Health
- Women's Health

These teams provide a first point of contact for health and the arts initiatives in LHDs and will be key audiences to developing more sophisticated integration of arts into health services.

*Within the organisation, which Division/team is responsible for the day-to-day management of the initiative?*



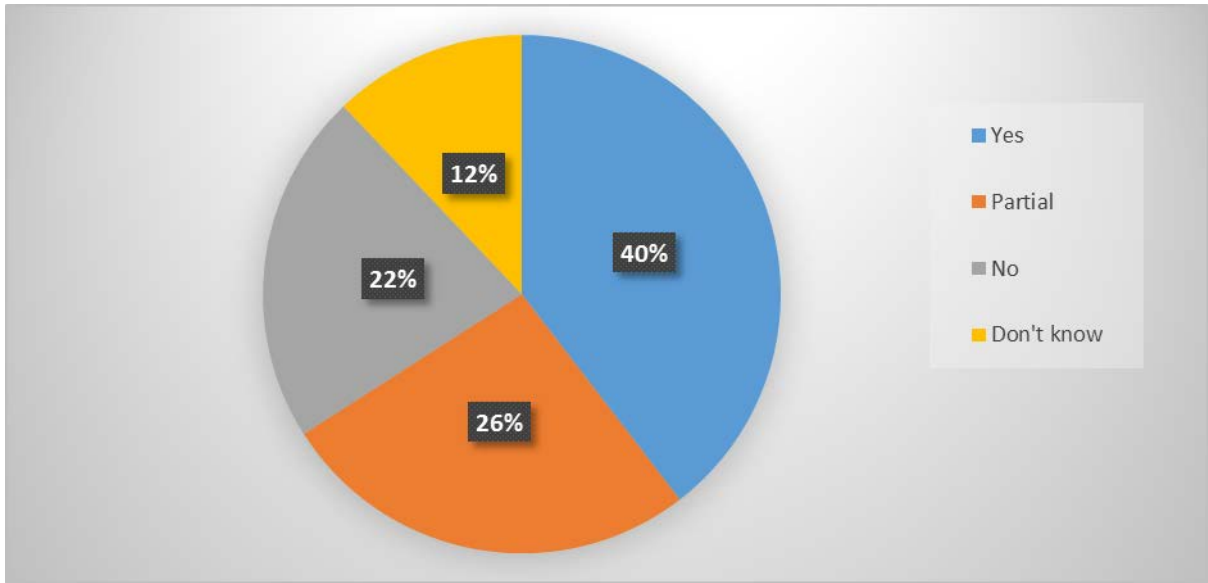
There is a very broad range of internal and external partners which play a formal governance role for the initiative, other than the initiative manager. Some of these include:

- Aboriginal Community Controlled Health Services / the Aboriginal Health and Medical Research Council
- Clinical Governance Units
- Consumer, community and carer representatives
- Funding agencies including charities and local Councils
- Galleries and arts organisations
- NSW Kids and Families
- NSW Ministry of Health

69% of respondents considered that the health and the arts initiative is supported chiefly by a local leader or champion (eg. the sustainability of the initiative depends on a person with a particular interest in arts and health/arts organisation); 31% considered the initiatives is embedded within a Health structure (eg. a Foundation with arts as part of its charter).

40% of health and the arts initiatives have a risk management plan covering issues such as insurance, asset management, stakeholder engagement, media and communications (see below).

*Does the health and the arts initiative have a risk management plan?*



## Appendices

**Appendix 1:** Environmental Scan

**Appendix 2:** Summary of selected literature

**Appendix 3:** System diagnostic surveys

**Appendix 4:** NSW Health organisations participating in the system diagnostic

**Appendix 5:** Description of health and the arts initiatives



## Appendix 1 - Environmental Scan

The system diagnostic entailed an environmental scan with the purpose of formulating key areas and opportunities for strategic development of the NSW Health and the Arts Framework in alignment with NSW Government policy priorities, incorporating three elements:

- A synthesis of local and international literature outlining evidence and implementation principles for health and the arts (literature provided by the Ministry of Health library)
- A synthesis of the NSW Government arts and cultural policy framework *Create in NSW* and the *National Arts and Health Framework* for guidance for the development of the NSW Health and the Arts Framework
- A search for potential system partners in health and the arts including those organisations related to NSW Health with a role in health and the arts and the organisations represented on the Health and the Arts Taskforce.

### Literature outlining the evidence and implementation principles for health and the arts

Many health and the arts research papers note the reflection that this is an emerging field “encompassing an extremely broad and diverse range of practice that spans multiple disciplines and sectors. As a result, although evidence for the connections between the arts and health and wellbeing is growing, it remains relatively inaccessible and hard to synthesise. Increasing numbers of literature reviews are being published, however in order to provide a detailed and coherent account these tend to define selected areas of practice rather than giving a comprehensive overview” (*Arts and Health – A Guide to the Evidence*, Institute for Creative Health, 2012, [instituteforcreativehealth.org.au/proving](http://instituteforcreativehealth.org.au/proving)).

As a result, this section:

- identifies useful primary sources of research
- reproduces a synthesis of known effects of health and the arts on a continuum of health
- identifies from published literature known implementation factors for successful health and the arts initiatives, and
- describes some selected literature (at Appendix 1).

### Useful primary sources

The Institute for Creative Health (formally the Arts and Health Foundation Australia) provides a review of the current evidence across the Arts and Health to support the development of the National Arts and Health Framework, and highlights other relevant research at: [instituteforcreativehealth.org.au/proving](http://instituteforcreativehealth.org.au/proving).

In the Institute’s paper *Arts and Health – A Guide to the Evidence* (2012) the known effects of arts and health are synthesised on a continuum of determinants of health and wellbeing. This is reproduced below. A list of references included in this paper (and in the *National Arts and Health Framework*) may also be relevant for publication on a NSW Health and the Arts website/portal. The Institute for Creative Health also provides a list of key Australian and international organisations and websites for health and the arts at: <http://instituteforcreativehealth.org.au/wp-content/uploads/2013/08/Overview-of-the-Arts-and-Health-Sector-in-Australia1.pdf>

Creative Victoria has compiled a range of international literature that demonstrates the benefits of arts and health at: [http://creative.vic.gov.au/Research\\_Resources/Resources/Arts\\_Health/Research](http://creative.vic.gov.au/Research_Resources/Resources/Arts_Health/Research).

They have also listed a range of Victorian examples at:

[http://creative.vic.gov.au/Research\\_Resources/Resources/Arts\\_Health/Research](http://creative.vic.gov.au/Research_Resources/Resources/Arts_Health/Research)

Public Art Online has compiled a list of key research into Arts in Healthcare between 2000 and 2010

at: <http://publicartonline.org.uk/resources/research/artsandhealthmarch2010.php>

There is information about the evidence and practices for Creative Ageing at:

[www.creativeageing.org](http://www.creativeageing.org) and [www.age-exchange.org.uk](http://www.age-exchange.org.uk)

A synthesis: Known effects of arts and health on a continuum of determinants of health and wellbeing

Reproduced from *Arts and Health – A Guide to the Evidence*, Institute of Creative Health, 2012, accessed from: [instituteforcreativehealth.org.au/proving](http://instituteforcreativehealth.org.au/proving) on 18 January 2016.

<b>FOCUS</b>	<i>Well population Primary care &amp; prevention Social and economic determinants</i>	<i>'At risk' population Secondary care &amp; prevention</i>	<i>Established disease Tertiary care &amp; treatment Clinical management</i>	<i>Chronic (controlled) Management</i>
<b>HEALTH INTERVENTIONS DOMAINS</b>	Public health Health promotion (Other sectors)	Public Health Primary Health Care Preventative health	Acute hospital care Specialist care Therapy	Community care Primary Health Care
<b>ARTS PRACTICE DOMAINS</b>	(Public participation in art/culture) Community-based arts	Community-based arts (Art therapy)	Art in health care environment  Art programs in health care  Art therapy  (Art & humanities in Health Prof Ed)	Community-based arts Art therapy
<b>KNOWN EFFECTS OF ARTS AND HEALTH</b>	Receptive & participatory arts are associated with <i>improved morbidity and mortality</i> in Europe, USA, UK, Australia.  <i>Personal development</i> (confidence, knowledge, identity, empowerment,	(see effects for well population – also apply to the most vulnerable, at risk groups)  <i>Mental health needs</i> (improved self worth, self- efficacy, mutual aid and positive outlook, mastery,	<i>Reduce stress &amp; anxiety for:</i> <ul style="list-style-type: none"> <li>• Patients pre-operative</li> <li>• Intensive care</li> <li>• Cardiac care</li> <li>• Infants &amp; children</li> <li>• Visitors &amp; families</li> <li>• Outpatient procedures</li> <li>• Cancer patients</li> </ul>	(see effects for well population and 'at risk' effects)  <i>Management of conditions like dementia:</i> <ul style="list-style-type: none"> <li>• cognitive, psychosocial, physical</li> <li>• caregiver support and</li> </ul>

FOCUS	<i>Well population Primary care &amp; prevention Social and economic determinants</i>	<i>'At risk' population Secondary care &amp; prevention</i>	<i>Established disease Tertiary care &amp; treatment Clinical management</i>	<i>Chronic (controlled) Management</i>
	<p>quality of life measures). <i>Sense of control</i> (efficacy, mastery) linked to immune system.</p> <p><i>Skills</i> (learning, team-work, flexibility, communication) lead to employability.</p> <p><i>Physicality</i> (dance, singing, musical instruments etc.) maintains cardiac function &amp; fitness, brain health.</p> <p><i>Social engagement</i> (supports, networks, emPATHy, belonging) assists in coping.</p> <p><i>Community building</i> (engagement, motivation, cooperation, healthy environments)</p> <p><i>Social cohesion</i> (group identity &amp; pride, tolerance &amp; understanding of difference).</p>	<p>autonomy). <i>Raise awareness</i> of issues and promotes public understanding.</p> <p><i>Healthy lifestyles</i> (support systems, planning and organising skills).</p> <p><i>Health literacy</i> (knowledge and understanding, addressing sensitive issues, expressing needs).</p>	<p><i>Reduced pain and increased comfort for patients:</i></p> <ul style="list-style-type: none"> <li>• post-operative</li> <li>• serious illness</li> <li>• nausea &amp; vomiting in bone marrow transplant</li> <li>• sleep &amp; rest</li> </ul> <p><i>Reduced demand for pain medication, anaesthesia &amp; sedatives:</i></p> <ul style="list-style-type: none"> <li>• during procedures</li> <li>• post-operative</li> <li>• chronic conditions</li> </ul> <p><i>Neonatal care:</i></p> <ul style="list-style-type: none"> <li>• improved heart rate, sleep patterns</li> </ul> <p><i>Health professional education</i> – improved observation, concentration, emPATHy.</p>	<p>respite.</p>

FOCUS	<i>Well population Primary care &amp; prevention Social and economic determinants</i>	<i>'At risk' population Secondary care &amp; prevention</i>	<i>Established disease Tertiary care &amp; treatment Clinical management</i>	<i>Chronic (controlled) Management</i>
<b>SYSTEM IMPACTS WITH POLICY IMPLICATIONS</b>	<p>Structural &amp; social factors influencing <i>resilience</i></p> <p>Community safety &amp; cohesion linked to reduced <i>crime and race-based discrimination</i></p> <p><i>Human capital</i> (education &amp; skills) linked to productivity</p> <p><i>Social capital</i> (networks, trust &amp; resources) linked to social cohesion</p> <p><i>Cultural capital</i> (creative skills, values &amp; institutions) linked to social innovation</p> <p><b>Contribution to addressing key public health issues upstream</b></p> <p><b>PROMOTES GOOD HEALTH - PREVENTS DEVELOPMENT OF 'RISK' FACTORS</b></p>	<p><i>Empowerment</i>: Increased capacity for vulnerable people to make changes in their lives</p> <p><i>Harm reduction, problem prevention</i></p> <p><i>Reduced burden of disease</i> (mental health, heart disease, obesity, diabetes, cancers)</p> <p><i>Reduced health care costs</i> (fewer doctor visits, reduced medication)</p> <p><b>Effective vehicle to support behaviour change &amp; address emerging risk factors</b></p> <p><b>PREVENTS ESTABLISHMENT OF DISEASE &amp; PROGRESSION OF ACUTE OR CHRONIC CONDITIONS</b></p>	<p><i>Reduced need for analgesics, pain relief</i></p> <p>Shortened <i>length of stay</i></p> <p>Environmental design reduces <i>stress for patients</i> – increases efficiency</p> <p>Improved <i>perceptions of care</i> quality</p> <p>Improved <i>staff-patient communication</i> &amp; patient 'management'</p> <p>Improved <i>staff morale &amp; retention</i></p> <p><i>Culturally appropriate</i> health care</p> <p><b>Contribution to improved service delivery, supporting staff to deliver patient-centred health care</b></p>	<p>Maintaining <i>brain vitality and function</i></p> <p><i>Quality of life</i> for those living with disease or disability</p> <p>Reduces <i>health care costs</i> (fewer doctor visits, reduced medication)</p> <p><b>Supporting people to live independently</b></p> <p><b>PROMOTES DIGNITY - PREVENTS READMISSIONS, COMPLICATIONS</b></p>

FOCUS	<i>Well population Primary care &amp; prevention Social and economic determinants</i>	<i>'At risk' population Secondary care &amp; prevention</i>	<i>Established disease Tertiary care &amp; treatment Clinical management</i>	<i>Chronic (controlled) Management</i>
			<b>ENSURES BEST-PRACTICE, PREVENTS INEFFICIENCIES &amp; UNNECESSARY WASTE</b>	

### *The built health environment and the arts*

In addition to evidence about how arts practice can be effective as part of health therapy, there is growing evidence about the physical environment and patient wellbeing. The British Medical Association's paper *The psychological and social needs of patients* (2011) (see Appendix 1) reports evidence that the architectural environment can contribute to the treatment of patients and significantly affect their health outcomes, concluding that:

- patients are sensitive and articulate about their architectural environment
- patients make better progress in purpose-designed modern buildings than in older ones
- better designed hospitals create an overall improved atmosphere, leading to patients with mental health problems being less confrontational and general patients requiring less analgesic medication (p11).

The paper continues, 'The effects of supportive design are complimentary to the healing effects of drug treatments and other medical technology, and can foster the process of recovery' (p.11). Nature gardens are provided as an example of supportive design: 'hospital gardens not only provide restorative or calming nature views but can also reduce stress and improve outcomes through other mechanisms, including fostering access to social interaction and providing opportunities for positive escape and a sense of control with respect to stressful clinical settings' (p.14).

Health Infrastructure NSW has a strong commitment to incorporating arts into all new capital works; the Health and the Arts Taskforce were briefed on the integrated process and held discussions on arts in new facilities at its second meeting on 2 December 2015. The presentation is not reproduced in this report but is available as part of the records of the Taskforce.

### *A synthesis: Known implementation factors for health and the arts initiatives*

Drawing on selected literature (see Appendix 1), a series of implementation factors for health and the arts initiatives can be discerned.

#### *Characteristics of success*

- Key characteristics of successful health and the arts initiatives include:
  - senior level support and the advocacy of champions
  - sustained commitment from all involved, often in the face of major difficulties
  - taking a client-centred approach to develop a service
  - building partnerships with all types of organisations
  - having people who are appropriately trained and experienced
  - having a dedicated 'arts coordinator' position with skills, contacts and drive
  - effectively communicating the benefits
  - having a clear, robust strategy.

#### *Governance*

- Identify a lead agency
- Establish an over-arching steering committee
- Consider ways to intersect with system-wide priorities through health and the arts initiatives
- Integrate health and the arts as part of the mandate of local health service organisations.

#### *Funding*

- Grants may be an effective way to seed innovative arts ideas which increase physical activity and mental wellbeing. Prioritising digital platforms may support innovation
- Work to create new funding streams supporting health and the arts

- Funding priorities could include:
  - Support to develop experience in brokering relationships and seeking out funding partners, such as through tools to develop collaborative planning capacity and establishment of a shared learning network with participants with a record of success in these areas
  - Dissemination of research and information
  - Joint training on health and the arts for health professionals and professional artists
  - Awards schemes
- Health and the arts funding currently exists however it is disparate, and better sharing of information about funding opportunities and training in applying for funding would be useful.

### *Partnerships*

- Create partnerships between key arts organisations and local communities to develop sustainable projects
- Seek new partners for co-investment
- Partnerships need to be co-ordinated perhaps from a central point/organisation.

### *Research*

- Key areas for research are organisational barriers and opportunities for health and the arts practice, policy and leadership factors, detailed case/project reports, qualitative and quantitative evaluations and mapping exercises (showing where practice is flourishing and where support is required)
- Health and arts forums facilitate networking and the dissemination of good practice
- Interdisciplinary centres of excellence may improve dissemination of good evaluation practice
- Develop an evidence-based framework that identifies health issues, actions, priority populations and mutually desired outcomes, to ensure investment is strategically aligned to policy priorities.

### *Aboriginal communities*

Research relating to engaging Indigenous communities in Australia on health and the arts suggests that the following implementation principles are significant:

- Consult and involve Elders
- Involve community: Indigenous languages, collaboration and group ownership, whole-of-community approach
- Work with at-risk young people: mix of at-risk and not-at-risk youth, successful and healthy risk taking, opportunities to develop and exhibit leadership, strong relationships with schools
- Design the program: Appeal to the groups passions and interests, link to other community services, sustainable funding and long-term programs, build quality relationships, keep running costs to a minimum, evaluate
- Implement the program: get to know the community before starting, provide a range of activities, address gendered access and participation, voluntary participation, appropriate project length, schedule activities at appropriate times.



## Frameworks for health and the arts

**Create in NSW: NSW Arts and Cultural Policy Framework** was released by the NSW Government in early 2015 to guide whole-of-government support for an excellent arts and culture in NSW over the next 10 years. It has as its ambitions excellence, access and strength:

**Excellence** involves innovation, leadership, Aboriginal arts and culture, revitalising infrastructure and international connections.

**Access** includes participation and arts for young people.

**Strength** involves professional development, business sustainability, networks and partnerships and research and evaluation.

Each of these components will be appropriate for consideration in the NSW Health and the Arts Framework.

*Create in NSW* also reflects the resources, needs and aspirations of metropolitan Sydney, Western Sydney and regional NSW.

To ensure alignment between the whole-of-government approach to building arts and culture in NSW and the NSW Health and the Arts Framework, key actions for each of these communities in *Create in NSW* should be translated into actions for the NSW Health and the Arts Framework. Key actions are reproduced below. Actions with particular relevance to NSW Health are italicised.

Regional NSW	Metropolitan Sydney	Western Sydney
<ul style="list-style-type: none"> <li>• <i>Collaborating with local governments in Regional NSW, with a focus on opportunities for creative hubs and cultural precincts</i></li> <li>• <i>Enhancing performing arts touring by developing a Regional Partnerships and Touring Framework for the State Cultural Institutions</i></li> <li>• <i>Supporting self-determined practice and creating professional development PAtHways for artists and for arts and cultural workers</i></li> <li>• <i>Supporting the development of digital platforms to extend the reach of the State Cultural Institutions' collections,</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Extending partnerships between State Cultural Institutions and arts and cultural organisations across NSW</i></li> <li>• The Sydney Opera House Trust is developing a staged approach for the renewal of the Sydney Opera House to ensure this World Heritage-listed icon continues to represent the best of Australia</li> <li>• The State Library of New South Wales and the Australian Museum are developing plans for future investment</li> <li>• Finalising the design competition and master plan for Sydney Modern —</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Mapping the arts and cultural landscape in Western Sydney to inform strategies, investment and infrastructure development decisions</i></li> <li>• <i>Scoping cultural infrastructure opportunities in key Western Sydney centres</i></li> <li>• Investigating the relocation of the Powerhouse Museum to the Parramatta Cultural Precinct</li> <li>• <i>Encouraging screen activity in Western Sydney, including scoping new infrastructure to enable screen production</i></li> <li>• <i>Convening a Western</i></li> </ul>

Regional NSW	Metropolitan Sydney	Western Sydney
<p>programs and events to schools, universities, family historians, researchers, artists and cultural practitioners across NSW</p> <ul style="list-style-type: none"> <li>Promoting opportunities for cultural tourism through Destination Management Planning (DMP) — in consultation with the Regional Arts Network and Destination NSW.</li> </ul>	<p>the Art Gallery of New South Wales’s ambitious expansion</p> <ul style="list-style-type: none"> <li>Finalising plans for the redevelopment for the historic Pier 2/3 and Wharf 4/5 to create an internationally significant working arts precinct for Australia’s leading major performing arts organisations</li> <li><i>Scoping arts and cultural opportunities across redevelopments in Sydney with other government agencies and private developers. This includes Barangaroo, Bays Precinct, the Central-to-Eveleigh Corridor and others as they emerge.</i></li> </ul>	<p><i>Sydney arts and cultural roundtable with leading practitioners to enable responsive and effective policymaking</i></p> <ul style="list-style-type: none"> <li><i>Increasing strategic investment in Western Sydney to grow arts opportunities and support local Aboriginal artists.</i></li> </ul>

### National Arts and Health Framework

In 2013, the Standing Council on Health (now the COAG Health Council) and the Meeting of Cultural Ministers endorsed the *National Arts and Health Framework*. This framework was developed to enhance the profile of arts and health in Australia and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities. It is intended as a guide to State and Territory governments to evaluate programs, consider new directions and identify new partners.

The *Arts and Health Framework* notes that exemplary approaches to arts and health include those that:

- Deliver activities and arts outcomes in health care facilities that engage patients and staff, provide a positive focus, and reduce stress and anxiety
- Occur within community settings and engage individuals and diverse population groups to build and sustain social and cultural capital, foster community cohesion, promote awareness of health issues, facilitate interaction, inclusion, intellectual stimulation and reduce isolation
- Recognise and place Indigenous cultural maintenance central to health and wellbeing and use this holistic approach to inform the delivery of health services
- Promote positive mental health through improved communication and enhanced self expression and self esteem

- Assist people with disability to build on their skills, experience health related outcomes and pursue career opportunities in the arts and cultural sector
- Engage with people with age related health conditions including dementia, and their carers, to provide stimulation, reduce isolation, ease boredom and enhance wellbeing
- use sensitive and good design and public art to create buildings and environments that are inspiring, engender civic pride, create community identity and support healthy living.

The *Arts and Health Framework* suggests that agencies including NSW Health could consider the inclusion of arts and health initiatives across a spectrum of practice models and portfolio responsibilities, including through the following areas and actions.

Areas for consideration by Arts and Health departments included in the *National Arts and Health Framework*

Health areas	Actions for health and the arts
<p><b>Promoting health and wellbeing using the arts</b></p>	<ul style="list-style-type: none"> <li>• support health communication and education about the social determinants of health including on issues such as sexual health and relationships, early childhood and parenting, dying with dignity, mental health and healthy aging</li> <li>• communicate about preventative health matters including alcohol and drugs risk and harm reduction, obesity and health literacy across a number of areas</li> </ul>
<p><b>Through partnerships, collaboration and relationships, build strategic alliances and collaborative approaches across arts and health sectors, the spheres of government, the community, business, education and the non-government sector</b></p>	<ul style="list-style-type: none"> <li>• expand the breadth of agencies and organisations involved in this work</li> <li>• strengthen recognition and awareness of arts and health practice and its value and outcomes</li> <li>• achieve greater acceptance and integration of arts and health practice and approaches into health services and health care settings</li> <li>• provide opportunities for health care workers to use alternate evidence based models of care</li> <li>• continue to grow the models of practice and optimise the potential of the arts to contribute to achieving health and wellbeing outcomes</li> <li>• engage the arts to support the development of social capital and aid community cohesion</li> <li>• explore enhanced opportunities for workforce development and training of both arts and health professionals</li> <li>• increase opportunities for artists to explore new and innovative practice.</li> </ul>

Health areas	Actions for health and the arts
<b>Ongoing research, evaluation and documentation of arts and health practice</b>	<ul style="list-style-type: none"> <li>• strengthen the case for arts and health by growing the body of evidence about the benefits</li> <li>• develop and build on existing expertise and professionalism in arts and health</li> <li>• grow and share information, case studies and learnings about practice and outcomes</li> <li>• refine research methodologies and measures of progress, outputs, outcomes and impacts arising from arts and health practice.</li> </ul>
<b>Integrating the arts into health facility buildings and their environs</b>	<ul style="list-style-type: none"> <li>• implementing different approaches and funding models to achieve this</li> <li>• including the integration of art in facility design and functional briefs</li> <li>• creating spaces for arts practice and activities to occur within health facilities.</li> </ul>
<b>Contributing to the achievement of Government priorities</b>	<ul style="list-style-type: none"> <li>• the delivery of arts and health programs and initiatives that address government priority agendas including Closing the Gap on Indigenous Disadvantage, preventative health, mental health, dementia and primary health care.</li> </ul>

## Potential partners for health and the arts in NSW

There are a number of potential partners for the NSW Health system which have participated in or become known through the system diagnostic process. The potential partners include agencies within NSW Health, other NSW Government agencies including State Cultural Institutions, and non-government arts organisations. The organisations are listed below with a brief description.

Organisation	Description
<b>NSW Health agencies</b>	
Ministry of Health	Leads policy development and across-government initiatives, and monitors the performance of statewide and specialist health services including Local Health Districts
Local Health Districts	Deliver health services based on a local population, including services which incorporate arts practice such as Aboriginal health, mental health, infant and mother health and sexual health services
Health Infrastructure NSW	Manages the planning, design and delivery of health infrastructure capital works, including the allocation of funding from capital works to arts integration strategies in consultation with local asset managers and communities
<b>NSW Government agencies and State Cultural Institutions</b>	
Arts NSW	Responsible for arts and culture policy including <i>Create in NSW</i> . Arts NSW is part of the Department of Justice and works to increase investment in the arts, support a positive business environment in NSW and achieve excellence in client service and delivery
NSW Education and Communities	Manages the public school system in NSW including arts curriculum at primary and secondary school levels
State Cultural Institutions	Art Gallery of NSW, Sydney Living Museums, Powerhouse Museum, Sydney Opera House, State Library of NSW, Australian Museum
<b>Arts organisations</b>	
Regional and Public Galleries Association of NSW	The Regional and Public Galleries Association of New South Wales represents the 40 member galleries (such as the Orange Regional Gallery), all of whom are non-profit organisations intent on making important contributions to the cultural life of their regions
Sydney Children's Hospitals Network	The Sydney Children's Hospital Foundation raises funds for the Sydney Children's Hospital, Randwick. The Art Program is funded by Sydney Children's Hospital Foundation. The Program uses the visual arts - in all its forms - to engage, inspire and improve the lives of our young patients, their families and carers. It also transforms the art space at Sydney Children's Hospital, Randwick into a dynamic cultural hub for the Hospital and the wider community. Bandaged Bear raises funds for the Children's Hospital at Westmead.
Arts Out West	Arts OutWest is the peak arts and cultural body for the Central West of NSW. In 2008, in partnership with the Western NSW Local Health District, it launched the Bathurst Art & Health Program. Initially based at the Bathurst Health Service, it extended to include work in other centres such as Cowra and in local health settings through the

Organisation	Description
	<p>Aboriginal Maternal Infant Health Strategy. It has involved local partners and stakeholders across health services and the arts. Website features projects including in arts and health, as well as resources and workshops.</p> <p><a href="http://www.artsoutwest.org.au/projects/bathurst_arts_and_health.php">http://www.artsoutwest.org.au/projects/bathurst_arts_and_health.php</a></p>
Arts and Health Australia	<p>Arts and Health Australia is a networking and advocacy organisation and consulting agency established to enhance and improve health and wellbeing within the community through engagement in creative activities. Arts and Health Australia provides current research and strategic solutions to its clients. It hosts conferences, forums and training programs. Website includes links to resources, research and case studies. <a href="http://www.artsandhealth.org">http://www.artsandhealth.org</a></p>
Institute of Creative Health	<p>The Institute for Creative Health (formerly the Arts and Health Foundation) aims to improve individual and community health and wellbeing in Australia by increasing the knowledge, evidence and capacity of arts activities in all health settings and has played a leading role in campaigning for a national arts and health policy. It supports arts programs in health settings, community-based arts activities and research which develops an understanding of the benefits of the arts to health and wellbeing. Website includes links to research, resources and examples of practice, including a link to Placestories: Arts and Health Stories website. <a href="http://instituteforcreativehealth.org.au/">http://instituteforcreativehealth.org.au/</a></p>
Health and Arts Research Centre	<p>The Health and Arts Research Centre Inc has managed projects including the Blacktown Mt Druitt Hospital Expansion Arts and Cultural Program, and an arts and heritage plan for the redevelopment of Royal North Shore Hospital. <a href="http://www.harc.org.au/harc/index.html">http://www.harc.org.au/harc/index.html</a></p>
Regional Arts NSW	<p>Regional Arts NSW REGIONAL ARTS NSW is the peak body and support agency for arts and cultural development in regional NSW.</p> <p><a href="http://regionalartsnsw.com.au/#ixzz42x6KIWFv">http://regionalartsnsw.com.au/#ixzz42x6KIWFv</a></p>

## Appendix 2: Summary of selected literature

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**Title:** *The impact of community-based arts and health interventions on cognition in people with dementia: a systematic literature review*

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**Author:** Rhea Young, Paul M. Camic & Victoria Tischler in *Aging and Mental Health*

**Year of Publication:** 2015

**Available at:** DOI: 10.1080/13607863.2015.1011080

**Purpose:** 17 studies were reviewed, including those related to literary, performing and visual arts.

**Evidence:**

The literature consists largely of small-scale studies with methodological limitations. All the studies suggested that arts-based activities had a positive impact on cognitive processes, in particular on attention, stimulation of memories, enhanced communication and engagement with creative activities. It is suggested that further research examine whether the impact of interventions vary depending on cognitive ability and to continue to assess how arts interventions can be of use across the stages of dementia.

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**Title:** *Arts and health VicHealth's Active Arts Strategy (2014–2017)*

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**Author:** VicHealth

**Year of Publication:** 2014

**Available at:**

<https://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/Social%20connection/Arts%20strategy.pdf?la=en>

**Implementation Principles:**

*Funding* - Seed innovative arts ideas which increase physical activity and mental wellbeing through a grants round. Focus on innovation and prioritising digital platforms.

*Partnerships* - Create partnerships between key arts organisations and local communities to develop sustainable arts and physical activity projects, with a particular focus on encouraging people to move creatively and move more. Seek new partners for co-investment in arts and physical activity. Annually, VicHealth will contribute to a major arts event which reflects the themes of active participation and engages Victorians from the Community Activations program.

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**Title:** *Supporting Health communities through arts programs. Resource sheet no. 28 produced for the Closing the Gap Clearinghouse*

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**Author:** Vicki-Ann Ware, AIHW, Australian Institute of Family Studies.

**Year of Publication:** 2014

**Available at:**

[http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our\\_publications/2014/ctgc-rs28.pdf](http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc-rs28.pdf)

**Purpose:** To review the available evidence of a range of arts programs in relation to their effects on supporting and building healthy communities for Indigenous people.

**Evidence:**

There are some evaluations, critical descriptions of programs and systematic reviews on the benefits to Aboriginal and Torres Strait Islander communities from participation in arts programs. These include the following benefits:

- Improved physical and mental health and wellbeing; increased social inclusion and cohesion; some improvements in school retention and attitudes towards learning; increased validation



of, and connection to, culture; improved social and cognitive skills; and some evidence of crime reduction.

- The effects of arts programs can be powerful and transformative. However, these effects tend to be indirect. For example, using these programs to reduce juvenile anti-social behaviour largely work through diversion: providing alternative safe opportunities to risk taking, maintenance of social status, as well as opportunities to build healthy relationships with Elders and links with culture.
- Art forms such as song, dance and painting, coupled with ceremony, are integral to cultural continuity and cultural maintenance in Indigenous Australian communities.

**Implementation Principles:**

Summary of principles for effective arts programs in Indigenous communities:

- Consult and involve Elders
- Involve community: Indigenous languages, collaboration and group ownership, whole-of-community approach
- Working with at-risk young people: mix of at-risk and not-at-risk youth, successful and healthy risk taking, opportunities to develop and exhibit leadership, strong relationships with schools
- Designing the program: Appeal to the groups passions and interests, link to other community services, sustainable funding and long-term programs, build quality relationships, keep running costs to a minimum, evaluate.
- Implementing the program: get to know the community before starting, provide a range of activities, address gendered access and participation, voluntary participation, appropriate project length, schedule activities at appropriate times.

***Title: Arts, Health and Wellbeing Beyond the Millennium: How far have we come and where do we want to go? Full Report***

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**Author:** The RSPH Working Group on Arts, Health and Wellbeing published by RSPH and the Philipp Family Foundation, UK

**Year of Publication:** 2013

**Available at:** [http://instituteformcreativehealth.org.au/wp-content/uploads/2013/08/rsph\\_full\\_report\\_final.pdf](http://instituteformcreativehealth.org.au/wp-content/uploads/2013/08/rsph_full_report_final.pdf)

**Purpose:** Charting the current status of the arts and health in the UK with the impetus to increase its policy profile.

**Implementation Principles:**

*Research* – In the UK, there are now several interdisciplinary centres of excellence with improved dissemination of good evaluation practice.

*Priority Setting* - The public health shift towards primary prevention and the promotion of wellbeing, has created a valuable opportunity for the arts to be part of mainstream healthcare.

*Partnerships* – Arts for Health forums facilitate networking and the dissemination of good practice coordinated by the National Alliance.

*Funding* - The support that the Royal Society for Public Health in promoting the arts and health field through its journals, training courses and the Arts for Health Award scheme, has been cited as a reason for optimism.

***Title: Creative arts as a public health resource: moving from practice based research to evidence-based practice***

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**Author:** Stephen Clift in Perspectives in Public Health 132.3: 120-127

**Year of Publication:** 2012

**Available at:** <http://rsh.sagepub.com/content/132/3/120.short>

**Purpose:** To review the evidence base and the author argues for recognising the value of concrete case studies, qualitative research and the testimonies in assessing both the value of creative arts activities and for understanding their impacts.

**Evidence:**

Outlined is the health benefits of voluntary participation in cultural activities with studies demonstrating its importance for self-reported health, some protection against cancer mortality with a recent study reporting leisure activities participation (including cultural interests) as an independent determinant of survival for men and among women with health problems. Specific arts and health interventions have been studied in clinical environments and some in community settings with a range of beneficial effects.

**Implementation Principles:**

*Research* - The ecological validity of studies and the extent to which the learning from research can be translated into practice and sustained are important including organisational barriers and opportunities, policy and leadership. Also important are detailed case reports, qualitative evaluations and 'mapping' exercises.

**Title: Arts and Health: The Evidence**

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**Author:** Department of Health and Human Services, Population Health, Tasmanian Government

**Year of Publication:** 2012

**Summary:** This paper is intended for artists, policy makers, service managers and health professionals to influence planning and practice, to forge new working partnerships or to make the case for funding.

**Evidence:**

There is clear evidence that arts reduce stress, pain and anxiety amongst consumers and staff; as well as enabling individuals to take greater control, self-care and self-management of their own health and wellbeing. Arts have great protective value in mental health and suicide prevention. Examples of evidence across the continuum of care are found on pages 10 -15.

**Implementation Principles:**

*Funding* – there are a range of disparate funding opportunities including peak arts organisations, Tasmanian Government's Arts and Disability Program and the Australia Council's Creative Community Partnerships Initiative

*Leadership* – activities have been supported by the Department of Health and Human Services through Health Promotion Coordinators

*Partnership* - there have been attempts of formal and informal networking opportunities amongst partners.

Cited is the UK's Department of Health identification of key characteristics for successful arts and health initiatives from Report of the Review of Arts and Health working Group. Leeds, Department of Health (2007), which includes:

- senior level support and the advocacy of champions
- sustained commitment from all involved, often in the face of major difficulties
- taking a client-centred approach to develop a service
- building partnerships with all types of organisations
- having people who are appropriately trained and experienced
- having a dedicated 'arts coordinator' position with skills, contacts and drive

- effectively communicating the benefits
- having a clear, robust strategy.

**Title:** *Joining the Policy Dots: Strengthening the contribution of the arts to individual and community health and wellbeing*

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**Author:** Deborah Mills on behalf of the Arts and Health Foundation

**Year of Publication:** 2011

**Available at:** <http://creativeaustralia.arts.gov.au/assets/arts-health-foundation.pdf>

**Purpose:** This was a submission in response to the National Cultural Policy Discussion Paper.

**Evidence:**

The document provides an overview of the current research on the impact of cultural experiences on health and wellbeing, which is now found in detail at: [instituteformcreativehealth.org.au/proving](http://instituteformcreativehealth.org.au/proving)

**Implementation Principles:**

The submission identifies a range of strategies for how an arts and health policy framework could be strengthened at the national level. These include the following examples:

*Governance and Leadership* - Identify a lead agency, develop a national steering committee, consider ways to intersect into the mandate and funding guidelines of Medicare Locals and Local Hospital Networks.

*Information and Knowledge* - Promote and increase access to existing data, commission Treasury in association with the OECD to undertake economic modelling in order to quantify the arts and health impact.

*Funding* - Development of a whole of government national policy and action plan to help create new funding streams. Cross-sectoral partnerships with non-for-profit agencies. Support to experience broker and partnership managers. Support for a web-based portal that captures evidence based initiatives and guidance and ideas on partnership development. Development of tools to enhance collaborative planning capacity and establishment of a shared learning network.

*Workforce Development* - Identify frameworks, guidelines and tools for artist education including approaches such as mentoring, training in art/health projects and joint training for artists and health professionals.

*Priority Setting* - 4 priority settings are suggested based on evidence and the opportunity for partnering across current health priority areas, these are workplaces, early childhood and education, health services, local communities and environments.

**Examples:**

This paper identifies 20 case studies across the arts and health practice framework. One example, the Artful Dodgers Studio, is an intervention strategy for young people with a dual diagnosis of substance abuse and mental illness in inner city Melbourne. The central element of the program is the engagement of participants as artists not clients. The evaluation of the 4 year project demonstrated a 40% reduction in substance misuse, a reduction in reported levels of anxiety, depression and self-harm with 18% of participants entering some form of employment and 21% returned to formal education at completion of the program.

**Title:** *The psychological and social needs of patients*

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**Author:** British Medical Association

**Year of Publication:** 2011

**Available at:**

[http://www.ahsw.org.uk/userfiles/Other Resources/Health\\_Social\\_Care\\_Wellbeing/psychologicalsocialneedsofpatients\\_tcm41-202964\\_copy.pdf](http://www.ahsw.org.uk/userfiles/Other Resources/Health_Social_Care_Wellbeing/psychologicalsocialneedsofpatients_tcm41-202964_copy.pdf)

**Purpose:** The evidence base is considered to help doctors and health care managers when designing and delivering care.

**Evidence:**

A range of evidence of the health benefits from art is presented on pages 9-14 including that creative writing, storytelling and poetry reading presents a promising modality for overall patient wellbeing. There is extensive literature on the effects of music in different healthcare settings, for example music has led to significant reductions in heart rate, respiratory rate, and myocardial oxygen demand in patients recovering from acute myocardial infarction. The visual arts have been shown to have a positive impact on patients for example reducing rates of anxiety and depression in chemotherapy patients and to help patients manage pain. Architectural environments can contribute to the treatment of patients and significantly affect health outcomes with poor design linked to anxiety, delirium, elevated blood pressure and increased use of analgesics.

**Title: *Arts and Music in Healthcare: An overview of the medical literature: 2004-2011.***

---

**Author:** Rosalia Staricoff & Stephen Clift for the Arts Council England, commissioned by Chelsea and Westminster Health Charity

**Year of Publication:** 2011

**Available at:**

<http://www.lahf.org.uk/sites/default/files/Chelsea%20and%20Westminster%20Literature%20Review%20Staricoff%20and%20Clift%20FINAL.pdf>

**Purpose:** This is a non-systematic review of 103 studies which offer evidence of the effect of music interventions on psychological and physiological outcomes of patients in a hospital environment.

**Evidence:**

Maternity - Benefits included increased early mother-child contact and reduced hospital length of stay.

Neonatal intensive care - There is evidence of beneficial effect of music and mothers singing on weight gain, oxygen saturation, feeding and crying.

Children - Beneficial effects on behaviour and clinical outcomes.

Cardiovascular conditions - Music interventions can have an important role during a number of procedures for screening and diagnosis, reducing significantly the level of stress and anxiety, blood pressure and heart rate.

Surgery and pain management - Music significantly reduces anxiety and stress and led to a significant reduction of anaesthetics which can contribute to cost-benefit effects.

Oncology - Music interventions demonstrated a reduction in anxiety and depression.

**Title: *Building Health through Arts and New Media. VicHealth Action Plan 2010-13.***

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**Author:** Victorian Health Promotion Foundation

**Year of Publication:** 2010.

**Available at:**

[http://www.artsaccessaustralia.org/images/stories/documents/Building\\_health\\_through\\_arts\\_VicHealth\\_2010.pdf](http://www.artsaccessaustralia.org/images/stories/documents/Building_health_through_arts_VicHealth_2010.pdf)

**Purpose:** 3 year VicHealth Activity Plan with the Arts and New Media Sectors.

**Evidence:**

In summary, the arts and new media have the capacity to build health in our community by:

- Expressing and articulating complex social issues to the broader community
- Enhancing the skill of participants and influencing an individual's development and identity

- Providing opportunities for expression for the most excluded people and communities
- Advocating on issues such as discrimination, exclusion, homelessness and violence
- Promoting diversity and cross-cultural understanding
- Increasing participant self-esteem and self-confidence
- Building social inclusion and social connectedness.

**Implementation Principles:**

- Operating within an evidence-based framework that identifies health issues, actions, priority populations and mutually desired outcomes
- Maximise the opportunity for policy relevance by ensuring strategic alignment where possible
- Consolidate the evidence base to strengthen art practice and positioning
- Communication with and about art and new media.

**Examples:**

VicHealth supports a small number of projects such as Choir of Hope and Inspiration's Rural Touring and Education program which engages people from disadvantaged backgrounds in singing whilst communicating about their experiences and advocating for community and organisational support to address issues impacting on their lives.

***Title: The Arts and Health: From Economic Theory to Cost-Effectiveness***

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**Author:** Raoul Craemer, Senior Consultant, ACIL TASMAN PTY LTD

**Year of Publication:** 2009

**Available at:** [http://education.unimelb.edu.au/\\_data/assets/pdf\\_file/0003/1105815/craemer.pdf](http://education.unimelb.edu.au/_data/assets/pdf_file/0003/1105815/craemer.pdf)

**Purpose:** This article examines how the known health benefits of the arts fit into the framework of economic theory, and presents a cost-effectiveness analysis of an arts-based intervention for the treatment of mild to moderate depression.

**Evidence:**

Group-based participatory arts projects could be used as an effective, low-cost strategy to combat mild to moderate mental health problems such as anxiety and depression, the incidence of which has been rising rapidly in recent years. Aimed more widely at people who would otherwise not access the arts, such participatory arts projects have the potential to act as efficient, high return vehicles delivering health as well as a range of other valuable benefits to the community.

***Title: State of the Field Report: Arts in Healthcare***

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**Author:** Society for the Arts in Healthcare (United States)

**Year of Publication:** 2009

**Available at:** <http://www.americansforthearts.org/by-program/reports-and-data/legislation-policy/naappd/arts-in-healthcare-2009-state-of-the-field-report>

**Purpose:** A 2003 symposium was held to develop a strategic plan to raise awareness, better document and disseminate evidence, move towards a national funding base, and develop adequate training. This report details progress since 2003.

**Evidence:**

Research literature on the benefits of arts in healthcare across a range of genres is presented including music, visual arts, effects of images, architecture, dance, literature, creative writing and storytelling and drama. It also identifies some theories around the mechanism to explain the impacts of arts on health. Please see pages 12-24 for more information.

**Implementation Principles:**

*Information and Knowledge* – Highlighted is the need for more evidence on the economic benefits to translate this information to advance policy conversations. *Arts & Health: An International Journal of Research, Policy and Practice* has been launched. *Workforce Development* - Incorporation of arts and healthcare coursework in health professional's higher education.

***Title: The impact of participation in performing arts on adolescent health and behaviour: A systematic review of the literature.***

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**Author:** Daykin, N., Orme, J., Evans, D., Salmon, D., McEachran, M. and Brain, S. in *Journal of Health Psychology*,

**Year of Publication:** 2008

**Available at:** <http://eprints.uwe.ac.uk/4998>

**Purpose:** Systematic review of literature published between 1994 and 2004 on the effects of performing arts for health in young people between 11 and 18 years of age. The review includes research on music, performance, drama and dance in community settings as well as non-curricular activity in mainstream education.

**Evidence:**

Identified benefits of participation by young people in arts activity include resisting drugs, managing stress and difficult emotions; learning about sexual health; and addressing social exclusion through community integration.

The strongest evidence is in relation to the impact of drama on peer interaction and social skills. Outcomes of drama interventions included positive changes in reported behaviour among at-risk young people as well as improvements in social skills and interaction as rated by teachers and parents and increased resistance to drug use and improvement in knowledge about drugs. There were no randomised studies in the general area of sexual health with reports of improved sexual knowledge and changes in attitudes concerning availability and access to contraception following drama interventions.

***Title: Arts in health: a review of the medical literature***

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**Author:** Dr Rosalia Lelchuk Staricoff for the Arts Council England.

**Year of Publication:** 2004

**Available:** [http://www.artscouncil.org.uk/publication\\_archive/arts-in-health-a-review-of-the-medical-literature/](http://www.artscouncil.org.uk/publication_archive/arts-in-health-a-review-of-the-medical-literature/)

**Purpose:** A review of 385 references from 1990 – 2004 related to the effect of arts and humanities in health care.

**Evidence:**

Strong evidence is offered of the influence of the arts and humanities in achieving effective approaches to patient management and to the education and training of health practitioners. It identifies the relative contribution of different art forms to the final aim of creating a therapeutic healthcare environment. The crucial importance of the arts and humanities in inducing positive physiological and psychological changes in clinical outcomes, reducing drug consumption, shortening length of stay in hospital, increasing job satisfaction, promoting better doctor-patient relationships, improving mental healthcare, developing health practitioners' emPAthY across gender and cultural diversity, is highlighted.

## Appendix 3: System diagnostic surveys

### SURVEY 1:

#### ORGANISATIONAL PERSPECTIVES ON HEALTH AND THE ARTS

The Minister for Health has established a Health and the Arts Taskforce to develop a NSW Health and the Arts Framework, intended to integrate engagement between health, artists and the arts community in facility design and service delivery across NSW. This survey will support the Taskforce by capturing information about specific health and the arts initiatives which are currently in place in Local Health Districts, Networks and related NSW Health organisations.

**The survey should be completed once for each LHD/Network/organisation, by a respondent who can provide an organisation-wide view about health and the arts. This survey should take 10-15 minutes to complete. The address for survey responses is:**

<http://www.surveygizmo.com/s3/2433264/5dea95475716> (Surveys cannot be completed offline).

Please note that this survey asks whether the organisation manages existing health and the arts initiatives. If the answer is 'yes', the accompanying survey 'Describing arts initiatives' must also be completed for each initiative. The 'Describing arts initiatives' survey should be completed by someone with knowledge of each initiative in relation to governance, funding, partnerships and promotion.

Thank you.

#### SURVEY QUESTIONS

1. Please complete the contact details for the person completing this survey

LHD/Network/Organisation

Name

Position

Email Address

Phone Number

2. Which LHD/Network/Organisation are you responding from?

3. Does your LHD/Network/organisation have existing health and the arts initiatives engaging with artists and the arts community?

If you answered 'Yes', please complete the additional Health and the Arts survey 'Describing arts initiatives' for each initiative. If you have multiple initiatives, you need to complete a survey response for each initiative.

Yes (Please complete the 'Describing arts initiatives' survey for each initiative).

No

4. If support such as leadership, coordination, funding and a governance framework were made available, could your LHD/Network/organisation develop new or expanded ways of embedding integration with the arts into health facilities and community services, programs and events? (Note therapeutic use of the arts is not within scope)

Yes

No

Don't know

5. Thinking broadly about innovation, what sort of professional, amateur and volunteers artists and arts organisations can you imagine your LHD/Network/organisation could engage with?

ARCHITECTURE AND THE BUILT ENVIRONMENT

PERFORMING ARTS: MUSIC, THEATRE, MUSIC THEATRE, CIRCUS, PHYSICAL THEATRE, DANCE

VISUAL ARTS: PAINTING, DRAWING, SCULPTURE, CRAFTING

SCREEN AND OTHER DIGITAL MEDIA: FILM MAKING, FILM SCREENING, ANIMATION

LITERARY ARTS: STORY TELLING, CREATIVE WRITING, READINGS

ABORIGINAL ARTS AND CULTURE

COMMUNITY CULTURAL DEVELOPMENT

OTHER (Please answer the next question)

6. If you selected 'OTHER' in the preceding question, please nominate any other organisations you could engage with.



An empty text input field with a checkered border and scrollbars, likely for providing a response to the question above.

7. Are you aware of professional, volunteer or amateur artists and arts organisations with whom partnerships could be developed in the local community?

- Yes
- No

8. Are you aware of local businesses, charitable organisations, non-government organisations or philanthropic organisations with whom partnerships could be developed?

- Yes
- No

9. Are you aware of how artists and arts organisations are currently formally engaged in the design of new Health facilities?

- Yes
- No

10. What kind of provisions need to be put into place to integrate arts into the design of new Health facilities (eg. exhibition spaces, performance spaces, curation and asset management facilities, lighting, audio visual technology)?

An empty text input field with a checkered border and scrollbars, likely for providing a response to the question above.

11. Are new facilities currently being planned for your LHD/Network/Organisation?

- Yes
- No
- Don't know

12. Thinking of your existing facilities, could spaces and assets be used for arts purposes (including those which may currently be used for arts)?

- Yes (Please answer the next question)

No

13. if you answered 'Yes' to the preceding question, how could those spaces be used (eg. exhibiting paintings and sculptures in public areas, using internal spaces and outdoor forecourts and gardens for performance, promoting volunteer crafts)?

CREATING AND EXHIBITING VISUAL AND DIGITAL ARTS

USING INTERNAL SPACES AND OUTDOOR FORECOURTS AND GARDENS FOR PERFORMING AND LITERARY ARTS

PROMOTING VOLUNTEER CRAFTS FOR SALE

OTHER

14. Are there health and the arts initiatives which are delivered to the bedside, or in dedicated spaces for patients at end of life or living with dementia?

Yes

No

N/A - my organisation doesn't directly deliver services like these

15. What would be needed to support better integration of the arts into existing facilities? Select the highest priorities from the list.

CREATIVE SIGNAGE AND WAYFINDING

HEALING GARDENS: PATHWAYS, SEATING, HERB AND VEGETABLE GARDENS

ART WORKS INCLUDING MURALS

GALLERY HANGING SYSTEMS

INSTALLATION SYSTEMS AND SERVICES

PLINTHS

LIGHTING DESIGN

SOUND DESIGN AND SOUNDSCAPES

DIGITAL MEDIA INCLUDING MONITORS FOR EXHIBITING WORKS

GOVERNANCE FRAMEWORK

- FUNDING
- SUPPORT FOR BROKERING OF PARTNERSHIPS/SPONSORSHIPS
- SUPPORT FOR BROKERING RELATIONSHIPS WITH PROFESSIONAL ARTS ORGANISATIONS AND ARTISTS
- BETTER ARTS AND HEALTH NETWORKS
- REGIONALISED INITIATIVES
- PUBLIC ARTS POLICY
- COMMUNITY CULTURAL DEVELOPMENT
- AWARDS/PRIZES FOR COMPETITIONS
- A PRACTICAL 'HOW TO' GUIDE
- MECHANISMS FOR SUSTAINABILITY
- EVALUATION METHODOLOGIES
- RESEARCH METHODOLOGIES
- A CLEARING HOUSE/PORTAL FOR KNOWLEDGE SHARING
- OTHER – (Please answer the next question)

16. If you selected 'OTHER' for the preceding question, please nominate what other support is needed.

17. At the State level, what support is needed to encourage innovation for integration of arts and health?

- GOVERNANCE FRAMEWORK
- FUNDING MODELS
- SUPPORT FOR BROKERING OF PARTNERSHIPS/SPONSORSHIPS

- SUPPORT FOR BROKERING RELATIONSHIPS WITH PROFESSIONAL ARTS ORGANISATIONS AND ARTISTS
- BETTER ARTS AND HEALTH NETWORKS
- SUPPORT FOR REGIONALISED INITIATIVES
- PUBLIC ARTS POLICY
- COMMUNITY CULTURAL DEVELOPMENT
- AWARDS/PRIZES FOR COMPETITIONS
- A PRACTICAL 'HOW TO' GUIDE
- MECHANISMS FOR SUSTAINABILITY
- EVALUATION METHODOLOGIES
- RESEARCH METHODOLOGIES
- A CLEARING-HOUSE/PORTAL FOR KNOWLEDGE SHARING
- OTHER – (Please answer the next question)

18. If you answered 'OTHER' to the preceding question, please nominate what other support is needed.

19. Do you currently engage with any professional artists, arts organisations or other organisations which are interested in the arts at a State level (eg. Arts NSW, major charities)?

- Yes (Please answer the next question)
- No

20. If you answered 'Yes' to the preceding question, which professional artists and arts organisations are you engaged with?

An empty text input field with a checkered border and navigation arrows (back, forward, up, down) on the right side.

21. Is there an existing local contact/structure to lead liaison with state-wide health and the arts initiatives?

- Yes
- No

22. Do you share information about local health and the arts initiatives with other LHDs, Networks, organisations or the community?

- Yes (Please answer the next question)
- No

23. If you answered 'Yes' to the preceding question, how does this information sharing occur?

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24. Would a state-wide clearing house (eg. online web portal) focused on integrating artists, the arts community and health encourage and support better integration of health and the arts at the local level?

- Yes
- No
- Don't know

25. What kind of information and assistance could a clearing house provide? Select the highest priorities from the following.

- GOVERNANCE FRAMEWORK
- FUNDING MODELS
- SUPPORT FOR BROKERING OF PARTNERSHIPS/SPONSORSHIPS
- SUPPORT FOR BROKERING RELATIONSHIPS WITH PROFESSIONAL ARTS ORGANISATIONS AND ARTISTS

- BETTER ARTS AND HEALTH NETWORKS
- SUPPORT FOR REGIONALISED INITIATIVES
- PUBLIC ARTS POLICY
- COMMUNITY CULTURAL DEVELOPMENT
- AWARDS/PRIZES FOR COMPETITIONS
- A PRACTICAL 'HOW TO' GUIDE
- MECHANISMS FOR SUSTAINABILITY
- EVALUATION METHODOLOGIES
- RESEARCH METHODOLOGIES
- KNOWLEDGE SHARING
- OTHER (Please answer the next question)

26. If you answered 'OTHER' for the preceding question, please nominate the other information and assistance a clearing house could provide.

27. Aboriginal arts and culture – please share any additional information relating to Aboriginal arts and culture activities here. Some Aboriginal arts and culture activities may have governance and program structures which are culturally appropriate but not similar to others identified in this survey, and they can be described here in free text.

28. Please take the opportunity to share any additional information or ideas about integrating artists, arts communities and health in NSW.



THANK YOU

## SURVEY 2:

### DESCRIBING EXISTING ENGAGEMENT WITH ARTISTS AND THE ARTS

The Minister for Health has established a Health and the Arts Taskforce to develop a NSW Health and the Arts Framework, intended to integrate engagement between health, artists and the arts community in facility design and service delivery across NSW. This survey will support the Taskforce by capturing information about specific health and the arts initiatives which are currently in place in Local Health Districts, Networks and related NSW Health organisations.

**The survey should be completed by a person with knowledge of the specific initiative, and will take 30-45 minutes to complete. A separate survey response must be completed for *each* health and the arts initiative in each organisation. The address for survey responses is: <http://www.surveygizmo.com/s3/2433207/e527bc31fbf9> (Surveys cannot be completed offline).**

*Health and the arts initiatives* refers to art forms and arts activities in which patients, clients, carers, staff, the community and other stakeholders are engaged and invited to participate as creators ('creative participation') and/or audience ('receptive participation').

Examples of *health and the arts initiatives* include:

- a gallery or exhibition of visual artworks in public, patient, commercial or executive spaces
- volunteer crafting such as knitting blankets or artworks
- performing arts such as live music, dance and theatre in facilities
- literary arts such as reading and creative writing
- digital film making and use of other new technologies to create or display art
- competitions and awards programs
- artist in residence programs.

Aboriginal arts and culture is a particularly important part of engagement with the arts which should be incorporated in survey responses.

Thank you.

### SURVEY QUESTIONS

1. Please name the health and the arts initiative.

2. Which LHD/Network/Organisation are you responding from?

3. Please briefly describe the health and the arts initiative. See also the following questions which address art forms, governance, funding and partners.





4. Name, email and phone number of contact person if further information is required about this health and the arts initiative

Name

Email

Phone Number

What is your role in the arts initiative?

5. Is this health and the arts initiative conducted in one facility, across the LHD/Network/organisation or at a regional level?

- Facility
- LHD/Network/Organisation
- Regional

6. Does the health and the arts initiative involve artists from the local area (eg. LHD area)? Include professional, amateur and volunteer artists?

Professional artists/arts practice refers to the expertise of educated and trained professional artists who create art (eg. producing artworks for a hospital's art collection, working with individuals and communities to create arts experiences).

Volunteer and amateur artists/arts practice refers to non-professional artists who may focus on enjoyable participatory recreation.

- Yes
- No

7. Are professional artists, trained to deliver professional arts and health programs, involved?

- Yes
- No
- Don't know

8. Has the health and the arts initiative received professional advice about the initiative (eg. establishing protocols for accepting and placing artworks, training and education from professional artists, developing an evaluation methodology)?

- Yes
- No

9. Does the health and the arts initiative involve professional arts organisations (such as co-operatives, Aboriginal organisations, theatres or galleries)?

- Yes (Please answer the next question )
- No

10. If you answered 'Yes' to the preceding question, please nominate the professional arts organisations.

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11. Does the health and the arts initiative involve LHD/Network/organisation staff as artists/creators?

- Yes
- No

12. Does the health and the arts initiative involve LHD/Network/organisation staff as judges?

- Yes
- No

13. Does the health and the arts initiative involve LHD/Network/organisation staff as managers/administrators of the initiative?

- Yes
- No

14. Is the health and the arts initiative linked to other strategies and events (such as community engagement strategies, NAIDOC, Seniors or Mental Health Week events, staff wellbeing programs)?

- Yes (Please answer the next question)

No

15. If you answered 'Yes' to the preceding question, please nominate the related strategies and/or events.



16. Which art forms are represented in this health and the arts initiative? Tick as many as may apply

- ARCHITECTURE AND THE BUILT ENVIRONMENT
- VISUAL ARTS: PAINTING, DRAWING, SCULPTURE, CRAFTING
- PERFORMING ARTS: MUSIC, THEATRE, MUSIC THEATRE, CIRCUS, PHYSICAL THEATRE, DANCE
- SCREEN AND OTHER DIGITAL MEDIA: FILM MAKING, FILM SCREENING, ANIMATION
- LITERARY ARTS: STORY TELLING, CREATIVE WRITING, READINGS
- ABORIGINAL ARTS AND CULTURE
- COMMUNITY CULTURAL DEVELOPMENT

17. Who are the intended audiences for the health and the arts initiative? Select as many as may apply

- PATIENTS
- CARERS
- CLINICAL STAFF
- LHD/NETWORK/ORGANISATION EXECUTIVE
- VISITORS TO SERVICES AND FACILITIES
- BENEFACTORS AND SPONSORS
- THE WHOLE COMMUNITY
- OTHER (Please answer the next question)

18. If you answered 'OTHER' to the preceding question, please indicate what other intended audiences are for the health and arts initiative?



19. Is there an identified curator/artistic director/programmer/producer for the health and the arts initiative?

- Yes
- No

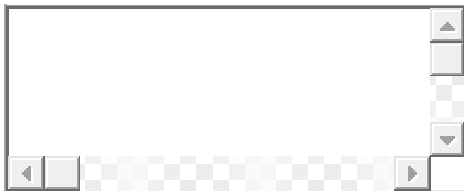
20. Is the curator/artistic director/programmer/producer staff of NSW Health?

- Yes
- No

21. If not staff of NSW Health, is the curator/artistic director /programmer/producer a volunteer of NSW Health or staff of another organisation (such as a local arts co-operative or a member of a benefactor organisation)?

- NSW HEALTH VOLUNTEER
- ARTS ORGANISATION STAFF
- BENEFACTOR ORGANISATION STAFF (INCLUDING FOUNDATIONS)
- OTHER (Please answer the next question)

22. If you answered 'OTHER' to the preceding question, please indicate the employer/sponsoring organisation of the curator/artistic director/programmer/producer



23. Does this health and the arts initiative target as audiences priority populations (such as Culturally and Linguistically Diverse communities, people with disability, people experiencing mental health conditions, Aboriginal communities)?

- CALD COMMUNITIES

- ABORIGINAL COMMUNITIES
- OLDER PEOPLE
- PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS
- UNEMPLOYED PEOPLE
- GAY, LESBIAN, TRANSGENDER, INTERGENDER (GLBTI) COMMUNITIES
- PEOPLE WITH A DISABILITY
- PEOPLE LIVING WITH DEMENTIA
- YOUTH
- OTHER (Please answer the next question)
- NO PRIORITY POPULATIONS TARGETED

24. If you answered 'OTHER' to the preceding question, please nominate the priority population targeted as the audience

25. Does this health and the arts initiative target as artists priority populations such as Culturally and Linguistically Diverse communities, people with disability, people experiencing mental health conditions, Aboriginal communities, youth, older people or unemployed people?

- CALD COMMUNITIES
- ABORIGINAL COMMUNITIES
- YOUTH
- OLDER PEOPLE
- PEOPLE EXPERIENCING MENTAL HEALTH CONDITIONS
- UNEMPLOYED PEOPLE
- GLBTI COMMUNITIES

- PEOPLE WITH A DISABILITY
- PEOPLE LIVING WITH DEMENTIA
- OTHER (Please answer the next question)
- NO PRIORITY POPULATIONS TARGETED

26. If you answered 'OTHER' to the preceding question 24, please nominate the priority population targeted as artists

27. Is training and education from professional artists or arts organisations included in the health and the arts initiative?

- Yes (Please answer the next question)
- No

28. If you answered 'Yes' to the preceding question, what form does that training and education take and who is the audience?

Next

29. Is there a formal governance structure for the health and the arts initiative (eg. Management Committee, Foundation, the initiative reports to Chief Executive)?

- Yes
- No

30. Is the formal governance structure of a type which is eligible to apply for funding from NSW and Commonwealth arts agencies and other funding organisations?

- Yes
- No

- Don't know

31. Are health and the arts initiatives in your LHD/Network/Organisation included in corporate or strategic plans and/or patient communications?

- Yes (Please answer the next question)
- No

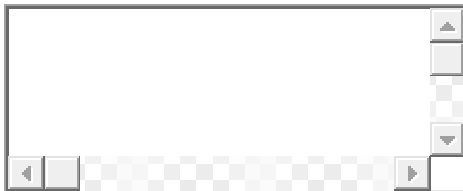
32. Please nominate the corporate or strategic plans and/or patient communications which refer to health and the arts initiatives



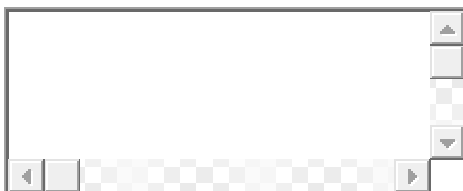
33. Are health and the arts initiatives in your LHD/Network/Organisation supported by evaluation and/or research efforts?

- Yes (Please answer the next question)
- No

34. If you answered 'Yes' to the preceding question, please describe the evaluation and/or research efforts



35. If there is not a formal governance structure, what are the informal arrangements which facilitate the initiative?



36. Within the LHD, which Division/team is responsible for the day-to-day management of the initiative?

- EXECUTIVE TEAM/OFFICE

- FACILITY MANAGEMENT (eg. GM)
- ASSET MANAGEMENT
- WELLBEING TEAM
- COMMUNICATIONS/PARTNERSHIPS TEAM
- OTHER (Please answer the next question)

37. If you answered 'OTHER' to the preceding question, please nominate which team is responsible for the day-to-day management of the initiative

38. In your view, is the health and the arts initiative supported chiefly by a local leader or champion (eg. the sustainability of the initiative depends on a person with a particular interest in arts and health/arts organisation), or is it embedded into a Health structure (eg. a Foundation with arts as part of its charter)?

- LEADER/CHAMPION
- STRUCTURE

39. Who are the internal and external partners for the initiative which play a formal role in governance (eg. have a place on a guiding committee, contribute funds)?

40. Are there mechanisms for staff, patients, clients and the community to be consulted about the health and the arts initiative?

- Yes (Please answer the next question)
- No

41. Please identify the engagement/consultation mechanisms, particularly any engagement with Aboriginal or CALD communities



42. Is there a risk management plan for the health and the arts initiative covering issues such as insurance, asset management, stakeholder engagement, media and communications?

- Yes
- Partial
- No
- Don't know

43. Is some or all funding for the health and the arts initiative provided by your LHD/Network/organisation?

- ALL LHD/NETWORK/ORGANISATION FUNDING
- SOME LHD/NETWORK/ORGANISATION FUNDING
- NO LHD/NETWORK/ORGANISATION FUNDING

44. If partially or wholly funded by the LHD/Network/organisation, please describe the funding source (eg. part of service/program budget, grant, award, sponsorship, purchase of equipment, use of facility space)

- PART OF SERVICE/PROGRAM BUDGET
- GRANT
- AWARD
- SPONSORSHIP
- PURCHASE OF EQUIPMENT
- USE OF FACILITY SPACE
- BEQUEST/WILLS/TRUSTS
- FOUNDATION
- DONATION OF ARTWORKS, TIME OR CREATIVE RESOURCES
- HEALTH PROFESSIONAL GROUPS
- OTHER (Please answer the next question)

45. If you answered 'OTHER' to the preceding question, please nominate the funding source

46. If partially or wholly externally funded, please nominate the funding organisations (eg. arts co-operatives, galleries, benefactors, sponsors, local Council, local business, State or Commonwealth arts agencies)

- ARTS CO-OPERATIVES
- GALLERIES
- BENEFACTORS
- SPONSORS
- LOCAL COUNCIL
- LOCAL BUSINESS
- STATE GOVERNMENT ARTS AGENCIES
- COMMONWEALTH GOVERNMENT ARTS AGENCIES
- PROFESSIONAL ARTS ORGANISATIONS
- PROFESSIONAL ARTISTS
- OTHER (Please answer the next question)

47. If you answered 'OTHER' to Question 45, please nominate the other funding organisations?

48. Please describe the funding arrangement with the external organisation (eg. grant, sponsorship, purchase of equipment)

49. Have you previously applied for funding for health and the arts initiatives?

- Yes (Please answer the next question)
- No

50. Was the application for funding successful?

- Yes
- No

51. If the health and the arts initiative is ongoing, does funding cover recurrent costs of the initiative? \*This question is required.

- Yes
- No
- Partial
- Not an ongoing initiative / this is a one-off event

52. Does funding pay for any positions to support health and the arts?

- Yes
- No

53. What is the funding amount involved in 2015/16, or the most recent funding amount (eg.\$1,000 from LHD and \$1,000 from local Council)?

54. Apart from finance, what other investment/s does the LHD/Network/Organisation make in the health and the arts initiative?

- STAFF TIME
- ASSET MANAGEMENT
- INSURANCE COVERAGE FOR ARTWORKS/EVENTS
- CURATION/PROGRAMMING

- PROMOTION
- PARTNERSHIP MANAGEMENT
- PROJECT MANAGEMENT
- SECURING AND MANAGING EXTERNAL FUNDS
- COMPETITION JUDGING/PRIZES
- EQUIPMENT FOR MAKING ARTS AND CRAFTS
- EVALUATION AND/OR RESEARCH
- SUPPORTING VOLUNTEERS
- OTHER (Please answer the next question)

55. If you answered 'OTHER' to the preceding question, please nominate what other investment/s the LHD/Network/Organisation makes in the health and arts initiative

56. Does the initiative involve formal or informal partnerships with other organisations such as Commonwealth or State Government agencies, non-government organisations, not-for-profit organisations, universities, community groups and arts organisations?

- Yes
- No

57. Who are the partners involved now/most recently (including other LHDs)?

58. What role does the partner play?

- CO-DESIGNING INITIATIVES

- FUNDING
- GOVERNANCE
- CURATION/PROGRAMMING
- PROMOTION
- EVALUATION AND/OR RESEARCH
- OTHER (Please answer the next question)

59. If you answered 'OTHER' to the preceding question, please nominate which other role the partner plays

60. Are there sponsors for the initiative?

- Yes (Please answer the next question)
- No

61. If you answered 'Yes' to the preceding question, please indicate the sponsors for the initiative

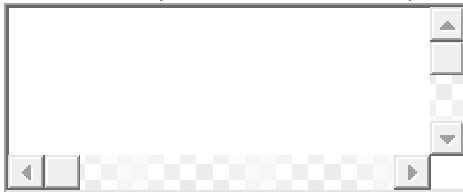
- LOCAL COUNCIL
- LOCAL SMALL-MEDIUM BUSINESS
- MAJOR CORPORATION
- OTHER COMMUNITY ORGANISATION
- CHARITY/BENEFACTOR
- OTHER (Please answer the next question)

62. If you answered 'OTHER' to the preceding question, please nominate the other sponsor

63. Are there protocols in place for considering ethics in partnerships and sponsorships (eg. receiving donations from pharmaceutical companies, health insurers, or major capital works developers)?

- Yes
- No
- Don't Know

64. What do you think barriers to partnerships and sponsorships might be?



65. Is the arts initiative promoted to the local community by the LHD/Network/Organisation?

- Yes (Please answer the next question)
- No

66. If you answered 'Yes' to the preceding question, please indicate the types of promotions undertaken by the LHD/Network/Organisation

- POSTERS
- BROCHURES
- WEBSITE/INTRANET
- INCLUDED IN NEWSLETTERS
- SOCIAL MEDIA (Please answer the next question)
- OTHER (Please answer the next question)

67. If you answered 'OTHER' or 'SOCIAL MEDIA' to the preceding question, please indicate what other promotions are undertaken

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68. Does the arts initiative move to other facilities/LHDs/organisations?

- Yes
- No

69. Are there dissemination strategies in place (eg. knowledge sharing)?

- Yes (Please answer the next question)
- No

70. If you answered 'Yes' to the preceding question, please nominate the dissemination strategies

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71. Would you like to showcase this initiative to the NSW Health and the Arts Taskforce and other LHDs/Networks/Organisations?

- Yes
- No

72. Are there audio or visual recordings or documentation of the showcase initiative which can be demonstrated for the NSW Health and the Arts Taskforce or in the NSW Health and the Arts Framework?

- Yes
- No

THANK YOU.

## Appendix 4: NSW Health organisations participating in the system diagnostic

The NSW Health organisations which participated in the system diagnostic are:

<b>Local Health Districts</b>	<b>Specialty Networks and other agencies</b>
Central Coast	Agency for Clinical Innovation
Far West	Bureau of Health Information
Hunter	Cancer Institute NSW
Illawarra Shoalhaven	Clinical Excellence Commission of NSW
Mid North Coast	eHealth NSW
Murrumbidgee	Health Education and Training Institute
Nepean Blue Mountains	Health Infrastructure
Northern NSW	Health Share
Northern Sydney	Justice Health and Forensic Mental Health Network
Southern NSW	NSW Ministry of Health
South Eastern Sydney	St Vincent's Health Network
South Western Sydney	Sydney Children's Hospitals Network
Sydney	NSW PAthology
Western NSW	
Western Sydney	



## Appendix 5: Description of health and the arts initiatives

The Table below lists each of the individual Health and the Arts initiatives reported by Local Health Districts and other NSW Health agencies as part of the system diagnostic survey. The initiatives are listed alphabetically by name of the initiative.

*Note - to maintain the integrity of the survey responses, descriptions of the initiatives have not been edited for the purposes of this Table.*

Initiative Name	Description	NSW Health Service
A Moment in Time Photo-Voices Carers Project	The project helped Assyrian and Arabic carers reveal the rewards and frustrations of caring for aged or disabled loved ones, to acquire the recognition and appreciation they deserve. It also helped them voice their issues and needs to service providers, discussing strategies to resolve these issues and meet their needs. Photo-Voice technique was used, collating onto 30 A2 size posters, photos that reflect carers' hopes and fears, their joys and tears, together with key statements from their caring stories. These were compiled into an 18 month calendar. Designs and slogans that describe the sacrificial life of carers were printed onto T-Shirts. The Project name and logo was printed on caps. All these were exhibited, during the launch of the project. Photo-Voice is a technique that puts cameras in the hands of people "at the sharp end" of an issue of social concern inviting them to "bring back pictures" of their world and to discuss with a group the stories behind these photos. Through a series of such discussions the groups develop a series of key themes that reflect the concerns of the whole community through these photo-stories.	SOUTH WESTERN SYDNEY LHD
A.R.T in Common	Health in conjunction with other partners are conducting a community awareness raising activity similar to the AIDS quilt project but on a small local scale where by people impacted by HIV will submit artwork of their choice on an A3 canvas. The local Arts Society have offered their location to have this on display in late 2015. An event to launch the display will be conducted in partnership with other interested members of the local sexual Health Network group including PFLAG (Parents, Families and Friends of Lesbians and Gays), ACON (AIDS Council of NSW), Headspace, and Momentum. The canvases will be grouped to maximise the impact. Interspersed within the display will be the NSW Health KNOW poster mounted on canvas. This would be a positive community event during World AIDS Day to highlight the lived experiences and thoughts of people living with HIV in a visual way as well as access and engage community that may have not thought about the impact of HIV locally.	MURRUMBIDGEE LHD

Initiative Name	Description	NSW Health Service
Aboriginal art and culture	The program includes: <ul style="list-style-type: none"> <li>• Incorporating Aboriginal art into the production of documents such as reports, frameworks and resources</li> <li>• Displays of artworks in foyers, meeting rooms and throughout branch or unit areas</li> <li>• Engaging Aboriginal dancers for significant events for cultural performances.</li> </ul>	MINISTRY OF HEALTH
Aboriginal Art Show	A display of Aboriginal and Torres Strait Islander artworks.	NORTHERN NSW LHD
Aboriginal Arts	Campbelltown Hospital has partnered with the Aboriginal population to produce artwork for the hospital. The governance sits with our executive meeting we have with our Aboriginal partners monthly.	SOUTH WESTERN SYDNEY LHD
Aboriginal Maternal Infant Health Services Belly Casting	Belly casting is undertaken with the women birthing Aboriginal babies, following this the women and their families are asked to decorate them. We also clone some castings and use the belly castings at community events for promotional activities.	SOUTHERN LHD
Aboriginal Mural	An Aboriginal themed mural was commissioned for the external wall of the Emergency Department of the Grafton Hospital.	NORTHERN NSW LHD
Aboriginal stories about approaching the end of life: patient voices being heard	This booklet of Aboriginal patient and carer stories sensitively captures the experiences of local Aboriginal people as they approach the end of life or the end of caring for a loved one who has died. Local Aboriginal people have contributed local artworks for inclusion in the booklet, including a painting donated to the Karinya Palliative Care Unit symbolising the care provided there. This document raises issues about planning for end of life, when and how to ask for support, what to expect, and what can be done when things don't go as expected. These stories assist with healing the hearts of both Aboriginal and non-Aboriginal people. Contact numbers for relevant local services have been enclosed in the back cover of the booklet, which can be updated as required.	ILLAWARRA SHOALHAVEN LHD
Art for Oncology	Local artists display works for sale in the main reception space of the local public cancer centre. A proportion of proceeds of the sale is given to the cancer centre.	NORTHERN NSW LHD

Initiative Name	Description	NSW Health Service
Art in Surgery Workshop	The Art in Surgery Workshop coordinated by the Royal Prince Alfred Institute of Academic Surgery and delivered by eminent artist and academic Professor Mike Esson, is an innovative 2.5 day workshop designed to develop artistic skills that will enable participants to be better clinicians and team members. The workshop includes a range of activities and exercises including drawing and clay work that focuses on improving perceptual abilities, observational skills and consideration of different points of view, and definitely occupies a place where art and science intersects.	SYDNEY LHD
Art Program - Permanent Collection/Art in the SCH/Digital Art Project	The Sydney Children's Hospital Foundation Art Program manages a registered public permanent collection comprising over 800 pieces of visual art. This collection is displayed throughout the Hospital. Staff within the hospital have the capacity to request art from this collection to be installed in any area of the Hospital (pending infection control approval). We also have a growing Digital Arts Collection featuring new media work by filmmakers, students, artists and our own very talented patients and is displayed in the Adolescent Recreational Room.	SYDNEY CHILDREN'S HOSPITALS NETWORK
Art Program - Temporary Exhibition Program	The Art Program oversees a rotating exhibition schedule of 45 selling shows a year and hosts four openings at Sydney Children's Hospital, Randwick. Exhibitions are developed with emerging and established artists, community groups, hospital patients and their siblings and art prizes for external students and hospital staff.	SOUTH EASTERN SYDNEY LHD
Art Therapy in Palliative Care	We are currently exploring the possibility of offering art therapy to Palliative Care clients and patients and also as part of bereavement support, potentially with a volunteer qualified Art Therapist. We are hoping in future that we might be able to still offer this service on either a voluntary basis or possibly as a paid contractor or employee.	ILLAWARRA SHOALHAVEN LHD
Arterie at Royal Prince Alfred Hospital	Arterie provides bespoke models of art engagement as an innovative approach to patient support. The range of programs includes Carterie (mobile art trolley), Artist in Residence, group workshops and lectures, and these are provided in a variety of locations including wards, clinics, waiting rooms, foyers, receptions, lifts and executive administration spaces.	SYDNEY LHD
Artist in Residence	This project engaged a local visual artist to facilitate art-based activities within the Paediatric Unit of the Broken Hill Health Service. Children attending the paediatric unit were given a positive experience in an otherwise confronting time in hospital. The artwork produced by the children	FAR WEST LHD

Initiative Name	Description	NSW Health Service
	<p>was displayed in a mini-exhibition for three months in the hospital on its art gallery wall. This display was accessible to all staff and community. The project was funded through the Country Arts Support Program. This project used art-based activities to engage with children and their parents/carers who attend the paediatric unit as inpatients/outpatients. The project was designed to provide a supportive environment that enhanced the patient experience in a positive way, and promoted health and wellbeing for the participant children and the families. Children who were inpatients or who attended the outpatient clinics, and their parents/carers had the opportunity to explore their feelings related to their hospital admission/experience, and to produce a number of works under the guidance of the artist-in-residence. Children were encouraged to explore art through a number of mediums, with some of the works included in the post-project art exhibition held at the hospital gallery. Community members also benefited through the opportunity to view artwork. Art workshops were also conducted in the Hospital Lobby giving the opportunity to anyone passing through our hospital to participate in activities.</p>	
Artist in Residence - Musician	<p>The establishment of Music in the Hospital Foyer was an extension of the successful Artist in Residence program and the complimentary comments from staff and consumers regarding the life and joy injected into this space from the workshops held in the hospital Foyer. As a result of the positive feedback on the engagement of consumers in the Foyer; a volunteer, retired local musician, was recruited and a piano purchased and located in the Hospital Foyer. Plans are taking shape to recruit other piano players and to invite a choir to accompany them on special occasions, and a local group of singers will be singing Christmas carols in the Foyer in December.</p>	FAR WEST LHD
Better Health for Arabic Women Program	<p>Through arts "Ceramic Works", middle age unemployed Arabic women can reduce isolation, and promote self-esteem, positive self-image and confidence.</p>	SOUTH WESTERN SYDNEY LHD
Blackchili NSW Aboriginal Sexually Transmitted Infections/Blood Borne Viruses Project	<p>Blackchili Productions working collaboratively with Local Health Districts and Aboriginal Community Controlled Health Services across NSW to deliver arts based STI/BBV programs to local Aboriginal communities. Project spends 3 days in each community, during day 1 they provide education on sexually transmissible infections (STIs) and blood borne viruses (BBVs), then they provide workshops on hip hop song writing and dancing; day two they work with participants to write and record songs and video clips; day three the participants present their songs/videos to</p>	MINISTRY OF HEALTH

Initiative Name	Description	NSW Health Service
	the Aboriginal community during a community event. All videos and songs are uploaded to websites and online song sharing apps.	
Blackchili Workshop	Blackchili Productions will deliver a series of three day intensive, music focused workshops, with a community event to showcase the songs and music videos produced. Resources will be developed from each workshop and distributed to each community. The project uses the social peer empowerment model, by training community members to become advocates for better health in the area of BBV, sexual health, respect, drugs, resilience and culture.	SOUTH WESTERN SYDNEY LHD
BMDH Expansion Arts and Culture Program	BMDH Expansion Arts and Culture Program began in 2012 with the engagement of Health and Arts Research Centre, Inc. through open tender. The program first created a plan done through the direct involvement of 380 people. Their vision has guided the plan's implementation, continuing a strong support from local communities and organisations, staff and management. Fifteen major arts projects were developed within the principles of community cultural development. The program created on going connections with the local community and developed health promoting programs with partners including diverse art forms such as literature, music, performance, visual arts, community arts. The program also developed new ongoing volunteer programs with focus on heritage management and literature for young children and families. The program has demonstrated strong support and positive outcomes in creating a facility that reflects its core values.	WESTERN SYDNEY LHD
BreastScreen NSW Culturally and Linguistically Diverse Engagement Strategy	The project aimed to promote awareness of the BreastScreen NSW Program to women from Arabic-speaking and Chinese communities.	CANCER INSTITUTE NSW
Cancer therapy wellness art program	<p>A range of art-based practices are offered to cancer patients and their families. These include:</p> <ul style="list-style-type: none"> <li>• Relax in colour - adult colouring in activities using mandalas or complex drawings</li> <li>• Art skills training - watercolour</li> <li>• Shared stories - utilising art techniques for people to document their cancer experience /journey</li> <li>• Art or other creative craft as part of events for particular groups e.g carers.</li> </ul>	SOUTH WESTERN SYDNEY LHD

Initiative Name	Description	NSW Health Service
Chinese Knots Cultural Project	The Knots Cultural project was designed to increase mental wellbeing and decrease social isolation through art activities. An experienced instructor and an artist organised 6 workshops (including 30 minute of stress management health talk before the activity starts) to teach participants Chinese knot art skills and about Chinese traditions, beliefs and values. This community development project aims to encourage intergenerational understanding and increase social cohesiveness. It is anticipated that participants are able to teach other community members to continue this tradition. An exhibition also held at Fairfield City Museum and gallery to display the art products.	SOUTH WESTERN SYDNEY LHD
ChIPS (Chronic Illness Peer Support) group	Use of creative (visual) arts in group program to improve chronic illness self-management through peer leadership. Visual arts are used as medium to engage young people, communicate experiences, and learn illness management skills.	CENTRAL COAST LHD
Clown Doctor Program	Clown Doctors are professional entertainers who mimic the hospital environment to bring fun and laughter, reduction in stress and anxiety.	SYDNEY CHILDREN'S HOSPITALS NETWORK
Dementia Art Initiative	Art initiatives have been held in the ISLHD in Shoalhaven for clients with Dementia	ILLAWARRA SHOALHAVEN LHD
Dementia Delirium and Palliative Care - Hospital/Bedside Based Art Appreciation	The Dementia/Delirium & Palliative Care (DDPC) Volunteer team extended the services to the patients they assist by giving them the opportunity to participate in discussions about art. These discussions are conducted either by taking the patients to the various artworks in the hospital and engaging them in conversation about the piece they are viewing; or if they are unable to walk within the hospital; the volunteers have laminated pictures of artwork which is used at the patient's bedside to stimulate conversation about the art, their feelings and views on a particular piece. The conversations can often lead in various directions, but one thing is clear, for the time that the patient is engaged in the conversation they are just another patient and they are not defined as someone living with dementia, their symptoms, condition or prognosis. It just two people sharing their thoughts and views about a piece of art.	FAR WEST LHD
Donated Art by Wednesday Arties	A cup of tea and a chat between a Pink Lady and a Patient on Mary Giles Ward, instigated a joint project between Hornsby Hospital and Wednesday Arties Community Art Group. Our Pink Lady	NORTH SYDNEY LHD

Initiative Name	Description	NSW Health Service
	asked her husband to coordinate the Wednesday Arties to donate their skills and expertise to the brighten up the walls of the wards for our long stay rehabilitation patients. The Pink Ladies Auxiliary purchased and donated 18 canvases on which the Arties group completed their work. The donated artwork now proudly sits on the walls at each beside and on hallway and dining room walls. The staff, patients, visitors, Wednesday Arties and Pink Ladies are extremely appreciative of the opportunity to brighten up the ward. A very well received project.	
Dubbo Mental Health and Drug and Alcohol (MHDA) Service: The Love Your Life Program	Since 2012, the MHDA Service has been working in partnership with Macquarie Conservatorium, Orana Arts, Outback Arts, House with No Steps, Westhaven and Neami National to implement the Love Your Life: Arts, Health & Wellbeing (AHW) program in Dubbo and surrounding areas. The Love Your Life Committee has implemented two participatory art projects (Drumming Workshops and Weaving Connections), the Arts in Health Symposium, and the rotating art and photography exhibitions in Dubbo MHDA facilities. The program aims to improve the wellbeing of people living with a mental illness/disability, their families and carers, MHDA staff, community members, and incorporates the support of established and emerging artists.	WESTERN NSW LHD
Eastern Suburbs Mental Health Service	The mental health healing program is an initiative to provide therapeutic support for the Aboriginal community of La Perouse in regards to mental health, social and emotional wellbeing. The program corresponds with the NSW Institute of Psychiatry Grief and Loss project which utilised art and narrative therapy as part of the healing process. The La Perouse Community Health Centre has a number of integrated services with mental health, Alcohol and Other Drugs and GP services conducting primary health service on a designated day. One of the issues identified was providing a culturally appropriate space for the consumers to engage in therapeutic practices.	SOUTH EASTERN SYDNEY LHD
Enhanced Rural Inter-professional Cultural Health (ENRICH) Program	Traditional approaches to curriculum delivery are primarily devoted to producing health graduates who are proficient in their professional domain, which can leave little time for inter-professional education (IPE) opportunities. Poor communication and the lack of teamwork have been consistently thought to contribute to adverse patient outcomes. The Enhanced Rural Inter-professional Cultural Health (ENRICH) Program is a collaborative program between the Far West Local Health District, West Darling Arts, the Broken Hill Regional Art Gallery and the Department	FAR WEST LHD

Initiative Name	Description	NSW Health Service
	<p>of Rural Health, University of Sydney and has been running since 2010. ENRICH adds value to the existing training curricula by introducing art-based activities to undergraduate health students from all disciplines on clinical placement in Broken Hill. All the art-based activities occur within an inter-professional learning framework. ENRICH employs a number of local artists to facilitate the art-based sessions that include art observation, life drawing, creative writing, Aboriginal Art and Health and photography. Approximately ten of these art-based activities are carried out each year. However in 2015 the ENRICH program secured additional funding to employ an artist-in-residence to carryout 10 extra sessions. All sessions are evaluated using post-session survey, with consistent positive feedback from students over the years. The main aims of ENRICH are to promote inter-professional learning opportunities, improved communication and observational skills, support resilience building strategies for students, improve emPAthY and understanding of the patient and the role of the health professional in the patient’s health journey.</p>	
Facing End of Life: Our Stories	<p>We intend to represent patient, family and clinician perspectives about palliative care through narratives and storytelling. We propose the development of approximately 30 short films that centre on the themes of person centred care, compassion, the reality of dying and supporting someone facing death. It is expected that these short films will highlight the palliative care approach in improving quality of life, concern for holistic needs, and active comfort-focused care to reduce suffering. They will aim to facilitate conversations between clinicians and carers, while empowering them make informed choices about care and treatment options.</p>	ILLAWARRA SHOALHAVEN LHD
Family & Carer Mental Health Program, Mental Health & Drug & Alcohol Service	<p>Broken Hill is renowned for its rich artistic community. The Family &amp; Carer Wellbeing Program uses arts and creativity as a way of enriching wellbeing, teaching new skills, building resilience, increasing confidence and forming connections to the community. Using arts to reduce isolation and providing opportunities for storytelling, healing and personal growth are integral to the core of this Program. The Program has a number of elements including:</p> <ul style="list-style-type: none"> <li>• An award winning project called “Intangible” and ongoing opportunities such as art journaling workshops, writing workshops and a strong relationship with the “Caring Together Art Journal Project” where these stories are shared. Storytelling is also used in staff and community education and has provided many links within our local communities and around Australia and internationally</li> </ul>	FAR WEST LHD



Initiative Name	Description	NSW Health Service
	<ul style="list-style-type: none"> <li>• “Art &amp; Craft Gathering”, a fortnightly facilitated art drop-in program facilitated by a Volunteer Art Facilitator who is a local artist who works with families and carers to encourage their creativity and diversity</li> <li>• “Art workshops” providing art as therapy in a safe and supportive space to explore art for art’s sake. Creating a space where families and carers can engage in the creative process that helps aid recovery, allows self-expression and connection with others</li> <li>• “Resource Development” Volunteer Art Facilitator works with us to create posters as resources for use within the Program and LHD</li> <li>• “Art Taster Workshops” facilitated by the Broken Hill Regional Art Gallery that provides opportunities for families and carers to learn various mediums and then form connections with other local art groups</li> <li>• “Photography Workshops” facilitated by a local photographer in partnership with the Broken Hill Art Exchange, providing families and carers opportunities to learn photography skills (using digital and still).</li> </ul>	
Far West Hospital Gallery	Broken Hill is renowned for the large number and high quality of its artists and its rich artistic community and the Broken Hill Hospital reflects this rich community resource in the artwork that is displayed throughout the hospital. The hospital also has a corridor which is affectionately known as the “Gallery” as it contains an assortment of predominately Aboriginal art works for everyone to enjoy. Also disbursed throughout the facility are other pieces, some from local artists. The majority of the paintings are permanently on display, but there is also space for other artwork to be displayed, for example the work produced for the Artist in Residence project. There are also discussions on the way with the Broken Hill Regional Art Gallery to loan pieces from the gallery’s collection; but this would be dependent on installation of a hanging system to accommodate future pieces.	FAR WEST LHD
Graythwaite Development	The Graythwaite development at Ryde Hospital arts program included existing heritage collection, public art and community art. The theme was the body in motion and neuroplasticity.	NORTH SYDNEY LHD
Griffith Aboriginal Maternal Infant Health Service	The NSW Framework for Maternity Services (2000) has identified that the health status of Aboriginal and Torres Strait Islander people is compromised at all stages of life and the perinatal	MURRUMBIDGEE LHD

Initiative Name	Description	NSW Health Service
Ngunnambang - Birthplace/Home	<p>mortality rate in babies born to this population is nearly double the rate when compared to the rate in NSW overall. The Shearman report recommended a number of strategies regarding access to culturally appropriate maternity services for Aboriginal and Torres Strait Islander women. Strategies that have the potential for a positive impact on the health and wellbeing of pregnant Aboriginal and Torres Strait Islander women include enhancing participation in community development programs that maximise the family involvement in decision making process. This will enable the community to feel a sense of ownership of the project and ensure that maternity services provide a culturally appropriate area where families can gather. The Aboriginal Maternal Infant Health Service provides culturally appropriate maternity care in consultation with the wider Aboriginal and Torres Strait Islander community and an outdoor area will provide a place for families to meet, relax, and yarn and to take a break from the medical setting. The Ngunnambang project will develop an existing area adjacent to the Maternity Ward including refurbishment of an existing gazebo which needs a new roof and replacement of treated pine poles and the lattice panels will be replaced with every second panel being a mosaic feature. A local Aboriginal elder will be engaged to design artwork for the mosaic panels, depicting families, culture and birth.</p>	
Health and Arts Strategy	SE Arts and the health services within their boundary (approximately half of the LHD) working together to develop a health and arts strategy.	SOUTHERN LHD
IESS Photo Competition	Capturing of local photographic images from the ISLHD to hang within the IESS, Wollongong Hospital campus.	ILLAWARRA SHOALHAVEN LHD
Into the Wild: Development of an Outdoor Performance Area within a High Secure Hospital	<p>This unique Project aims to co-design and develop an outdoor performance space in the grounds of the Forensic Hospital. Patients, health providers and external partners will jointly develop a plan for this performance area. The project aims for the proposal to be developed and utilised as a space to deliver a program of arts events within the hospital on an ongoing basis. The arts program will range in dance, theatre, music and visual arts. The major steps for delivery of this project are as follows:</p> <ul style="list-style-type: none"> <li>• Build on existing partnership with the Institute for Creative Health and develop partnerships with community arts and health organisations</li> <li>• Collaborate with patients, health providers, and partners to co-design an outdoor</li> </ul>	JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK

Initiative Name	Description	NSW Health Service
	<p>performance area within the Forensic Hospital</p> <ul style="list-style-type: none"> <li>• Put forward proposal for development of performance area. Grant funding to be utilised in the development of this performance area</li> <li>• Establish an ongoing Forensic Hospital Arts Program with patients, health providers and partners.</li> </ul> <p>The Project would be sustained by partnership with local university arts groups, arts communities, the patient group and existing partnership with the Institute for Creative Health. The project would be managed on an ongoing basis by the Rehabilitation Coordinator, whose remit includes the development of recovery orientated services in the Forensic Hospital.</p>	
ISLHD Arts	Painting, knitting, crocheting, adult colouring-in, and puzzle making.	ILLAWARRA SHOALHAVEN LHD
Ivanhoe Health Service - Art for the Community	<p>The old Ivanhoe Health Service had murals on its walls depicting its unique landscape, its primary industry, and Aboriginal culture. With the commissioning of a new Health Service, the murals in the old hospital were lost to the community. As a result, the community of Ivanhoe rallied to include locally produced artwork in the new facility. The Ivanhoe Health Council donated funds for art supplies to talented artists who currently reside in the minimum security Warakirri Correctional Centre in Ivanhoe. Under the tutelage of Broken Hill artist Geoff De Main, the inmates have produced seven exceptional sculptures for the community, and now, with support from Ivanhoe's community, the inmates are producing some culturally appropriate paintings for the new hospital. In addition, Warakirri has donated 4 Aboriginal Story Poles for placement in front of the new Hospital. It is hoped that these and future donated art works will form part of the Hospital's gallery for the enjoyment of patients and the community.</p>	FAR WEST LHD
John Hunter Hospital Arts for Health program	<p>At John Hunter Hospital Arts for Health we seek to use the arts as a catalyst for strengthening and energising our hospital community and enhancing the psychological, physical and emotional health and wellbeing of all the individuals who make up the John Hunter Hospital and Royal Newcastle Centre Community. The program aims to make the hospital environment a friendlier place, more welcoming to all. It also aims to build and develop a community feeling within hospital while creating links with the wider community. The JHH Arts for Health is a community based program.</p>	HUNTER NEW ENGLAND LHD

Initiative Name	Description	NSW Health Service
Journey of the Aboriginal child	Making the Emergency Department and wards child friendly for Aboriginal and Torres Strait Islander patients.	NORTHERN NSW LHD
Live music with karaoke	Audiences can participate in the live music by singing and dancing.	SOUTH WESTERN SYDNEY LHD
Maclean Hospital Rehabilitation Gallery	A display of Art as Therapy prints in the Rehabilitation Unit	NORTHERN NSW LHD
Making Maternity Services Culturally Inclusive Places Project	This initiative is to create a welcoming and inclusive environment within the Women’s Care Units in our area for Aboriginal women and their families who support them throughout the pregnancy and birth.	NORTHERN NSW LHD
Michael Orchard	<p>For World AIDS Day (WAD), the Nepean Blue Mountains Local Health District’s Health Promotion Team is encouraging everyone to get involved in WAD by being “hands on”. On the Local Health District’s sexual health webpage (<a href="http://www.nbmlhd.health.nsw.gov.au/sexual-health/sexual-health">www.nbmlhd.health.nsw.gov.au/sexual-health/sexual-health</a>) you can download a template of a hand. The hand is blank so that people can write or draw on that hand what WAD and HIV means to them. Hands have been chosen to use for the template owing to the importance of hands in many cultures. In western culture, the term “lending a hand” is about supporting and helping others. In African cultures, the hand signals hope. In Aboriginal culture, the hand is a sign of “being here”, of showing support. People reach out to greet others with their hand. People often touch each other with their hands to show affection, concern, love. Once the template has been downloaded and copied, the idea is that people get their colleagues to be creative and write or draw what WAD and HIV mean to them. These can then be displayed work areas as your commemoration of WAD 2015. Some examples could be love for those who are living with HIV, joy for the medication that were discovered in the mid 1990’s for treatment, or perhaps the name or memory of a loved one who has lost their battle. Also, photos can be uploaded of your display to the sexual health webpage too. These photos will be used as a record of the Local Health District’s involvement in and commitment to WAD. There will also be a display in the South Block Foyer, Nepean Hospital on WAD, December 1, staffed by the Health Promotion Team. Organisations who have participated and mounted displays, can add to the main display on that day.</p>	NEPEAN BLUE MOUNTAINS LHD

Initiative Name	Description	NSW Health Service
Midwifery Group Practice Garden Renovation 2015, Broken Hill Health Service	The Maternity Unit at the Broken Hill Health Service has recently under gone a change in direction in the approach to caring for women who are pregnant, including their partners. Midwifery Group Practice was implemented in mid-2015 as a person centred approach to care for expectant mothers. The midwifery team renovated the birth suite and the small garden immediately outside the Unit. The renovation includes a number of artworks produced by local artists and donated to the Unit. The relaxed and inviting atmosphere of the birth suite and the garden supports clients, their partners and staff as they attend to this important time in a new family's life.	FAR WEST LHD
Muralogy 2015 - Mural Competition	The RPA Institute of Academic Surgery coordinated a mural competition called Muralogy for its new building, inviting local artists to enter submissions for the opportunity to undertake 1 of 5 murals on the building.	SYDNEY LHD
Music and Wellbeing Classes and Art Therapy within the Concord Cancer Survivorship Centre as well as the Concord Chemotherapy Suite	Music and Wellbeing Classes and Art Therapy within the Concord Cancer Survivorship Centre as well as the Concord Chemotherapy Suite.	SYDNEY LHD
Music Therapy with People Living with Dementia	Music Therapy in a community setting and inpatient setting for people with dementia.	SYDNEY LHD
Musical Morning	Local musicians present a 2-hour program of music and memories bi-monthly at the Bombala MPS.	SOUTHERN LHD
Nepean Hospital Arts and Culture Program	Nepean Hospital Arts and Cultural Program is an ongoing Arts and Health Program. It was established in 1998 as part of Nepean Hospital Redevelopment, South Block and developed as place-making. It has commissioned visual art for all areas of the hospital, created an Arts Collection Policy including the management and care of works, acceptance of donations and loans, established galleries in the various main corridors, and has for 18 years developed collaborations with a number of organisations including local council, Penrith Gallery, artists cooperative and associations such as Nepean Arts Society and Penrith Community Quilters, Blue Fringe Festival, Sydney Royal Botanic Gardens, local schools, University of Western Sydney,	NEPEAN BLUE MOUNTAINS LHD

Initiative Name	Description	NSW Health Service
	<p>Nepean Hawkesbury River Management Authority, Multicultural Health, Aboriginal Health, Aboriginal and CALD communities, and Sydney Sacred Music Festival. Nepean Hospital Arts and Cultural Program is managed by Health and Arts Research Centre, Inc. an NGO, not for profit, dedicated to the synergy between arts, culture, heritage and health/wellbeing. Nepean Hospital Arts and Cultural Program works through strategic planning in collaboration with staff, and local organisations, and regularly evaluates its performance in relation to the planning. Art forms include literature, visual arts, music, performance, and community arts/community cultural development. Presently the Program has a number of significant initiatives. These include:</p> <ul style="list-style-type: none"> <li>• Gallery Program with a minimum of six exhibitions yearly. The Program exhibitions travel to and from other facilities</li> <li>• The program provides support for Nepean Hospital Heritage volunteers including training in preventative conservation, presentation of displays of the hospital heritage items and the development of a Living Gallery Space</li> <li>• Performing arts including participating of Sydney Sacred Music Festival Literature Program for Antenatal Outpatient in partnership with an international organisation, a major Brazilian hospital whose literature program is in its 17th year</li> <li>• Staff Arts Exhibition and Award</li> <li>• Development of a program with new CALD refugee communities</li> <li>• Nepean River a collaboration with UWS, local schools and artists connecting wellbeing and the health of the river.</li> </ul>	
Operation Art	<p>Operation Art was established 19 years ago as a vision of Dr John Yu, then CEO of The Children's Hospital at Westmead. He wanted to create a positive environment to aid the recovery process of young patients and to foster a sense of wellbeing within the hospital. Dr Yu believed that art works by school students should be a part of the hospital's art collection, enabling children in all schools throughout New South Wales to be proactive in the lives of children in hospital through their art making. Works created for Operation Art are now exhibited as a part of the permanent collection in The Children's Hospital at Westmead alongside those of artists of renown and are extremely popular with our visitors. The works by these student artists give young patients the opportunity to leap into a world of imagination. The exhibition is also a wonderful opportunity for students to gain wider recognition for their creativity and provides a real purpose to create</p>	SYDNEY CHILDREN'S HOSPITALS NETWORK

Initiative Name	Description	NSW Health Service
	<p>artworks to help other children.</p> <p>Fifty artworks were exhibited in Operation Art's first exhibition in 1995. This year, 879 artworks from 298 schools, representing every education region in New South Wales, are featured in the exhibition at Sydney Olympic Park. Fifty artworks exhibited at The Art Gallery of New South Wales were selected by a panel of judges from the initial exhibition. Following this exhibition they will then tour to regional galleries across the state before returning to be hung at The Children's Hospital at Westmead.</p> <p>Artworks from the initial exhibition have been chosen to be displayed at the Office for the NSW Commission for Children and Young People, the Advocate for Children and Young People as well as the Australian Nuclear Science and Technology Organisation. Works from this year's initial exhibition will also be added to Operation Art Bank, which donates art works to children's wards in hospitals throughout New South Wales.</p> <p>Operation Art is a unique initiative supported by the New South Wales Government's health and education sectors. Operation Art emphasises the value of visual arts within a compassionate and tolerant society. It recognises the unique contribution of young artists to our world. It helps to engage communities through strong sustainable links with young patients in hospital and their families, friends and carers.</p>	
Orange Health Service Arts and Health Strategy	A broad based arts and health strategy involving participatory arts projects, exhibiting art and performance, art in facility and site design, public art and history. It is a partnership between general, mental health drug and alcohol service, Orange City Council - Orange Regional Gallery and the community.	WESTERN NSW LHD
'Our Community' Waterloo and Redfern Drug and Alcohol Aboriginal Youth Project	Funding received from SLHD The Pitch Innovation initiative to engage Aboriginal young people in Waterloo and Redfern to express how drug and alcohol use is effecting their community through creative media such as film/ video.	SYDNEY LHD
Our Kids Calendar	Our Kids Calendar celebrate kids and babies in the Northern Rivers. The children in the calendar all have something in common. Each of them has needed, or still needs the support of the local Special Care Nursery or Children's Ward at Lismore Base Hospital. Each year Our Kids chooses 12 new children to photographed for the calendar and the calendar is framed and hung in the	NORTHERN NSW LHD

Initiative Name	Description	NSW Health Service
	Lismore Base Hospital foyer to celebrate these children and help raise funds for Our Kids, who purchase paediatric equipment for LBH and the surrounding hospitals with funds raised.	
Paediatric Units	At Campbelltown Hospital The Paediatric Unit partnered with the Sydney Children's Hospital Artist to produce wall murals.	SOUTH WESTERN SYDNEY LHD
Patient stories in safety and quality	Using film making to tell patient stories of experience of care. Including artists (former patients) expressing their experience of care through art.	CLINICAL EXCELLENCE COMMISSION
Poetry, Creative Writing Self Expression	Creative writing groups held utilising poetry, stories, and songs as poetry. Consumers write, the writings are typed and produced and given back in personal portfolios. Writings are published in hospital consumer newsletters. Topics are relevant to consumer requests and needs.	NORTH SYDNEY LHD
Precious Moments	The 'Precious Moments' project engaged women from multicultural communities living in the Fairfield local government area to participate in a creative activity (card making) in order to share their views, explore issues affecting their lives and how they can be improved.	SOUTH WESTERN SYDNEY LHD
Project: Whisper	<p>The project grew out of discussions at the 2015 MiniGras program of the Joan Sutherland Performing Arts Centre in which Priority Populations staff of the Nepean Blue Mountains Local Health District were involved. The need for further work with young lesbian, gay, bisexual, transgender, queer and intergender (LGBTQI) people to encourage their “coming out” and being involved more in the community was identified. Young LGBTQI community members are socially isolated in western Sydney. They do not access health and other services readily owing to fear of being stigmatised and discriminated against. The project will allow young LGBTQI people to come together and through a creative workshop process, develop a performance of what it is like living as a young LGBTQI person in western Sydney.</p> <p>The project consists of 4 sections:</p> <ul style="list-style-type: none"> <li>• a conversation with young LGBTQI people in western Sydney, the young people recording their comments, feelings and words</li> <li>• the discussion being used by a LGBTQI artist to develop a series of workshops</li> <li>• these workshops being held in January and February 2016 and designed to allow the</li> </ul>	NEPEAN BLUE MOUNTAINS LHD



Initiative Name	Description	NSW Health Service
	<p>creative development by young LGBTQI of how they live as a young LGBTQI person in western Sydney</p> <ul style="list-style-type: none"> <li>• leading to a performance in the Penrith MiniGras season, the week leading up to Mardi Gras, early March 2016.</li> </ul>	
RHC Activities program	Kenmore hospital RHC has an arts/health program which supports consumer recovery via the arts in place.	SOUTHERN LHD
Sassy Sistas	Workshops for indigenous women to develop their ideas and confidence around writing and then reading poetry. This will build on a previous project for indigenous women who have experienced abusive relationships. The workshops will be facilitated by a published poet with extensive experience working with indigenous women.	NEPEAN BLUE MOUNTAINS LHD
Spanish Speaking Choir	The Spanish Speaking Choir was initiated in response to the health issues reported by Spanish Speaking Seniors attending support groups at STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors) and Liverpool Multicultural Health Services. In 2011 Fairfield Multicultural Health formed a partnership with STARTTS and Opera Australia to deliver the Spanish Speaking Choir. The project aimed to improve the wellbeing of participants by providing opportunities outside an institutional setting to increase access to mainstream services. It was developed in response to research that suggested that involvement in musical activities is linked to emotion, cognition and memory, with the potential for individuals to work in a non-competitive and non-threatening environment.	SOUTH WESTERN SYDNEY LHD
St George Hospital	As part of the Anzac Centenary in 2015, the Hospital was approached by a young local artist who created a celebratory portrait depicting the Anzac history.	SOUTH EASTERN SYDNEY LHD
St Vincent's Hospital	<p>St Vincent's holds:</p> <ul style="list-style-type: none"> <li>• 2 x exhibition spaces with rotating exhibitions every 5 weeks</li> <li>• craft stalls with hand-made items such as jewellery</li> <li>• commissions</li> <li>• engagement with organisations/communities eg. Papunya Tula Artist from Central Desert</li> </ul>	ST VINCENT'S HEALTH NETWORK

Initiative Name	Description	NSW Health Service
	<p>/ Asylum Seekers Centre</p> <ul style="list-style-type: none"> <li>• patient involvement in sub-acute areas eg. Art with Mental Health patients, Photography project with Homeless clients; music therapy with palliative care</li> <li>• collaboration with National Art School - Sponsor Acquisitive Prize each year for graduate students and offer free exhibition space for up-and-coming artists as a learning experience</li> <li>• monies are raised via fundraising events</li> <li>• Committee is run via a group of dedicated volunteers from the Business/Art Community</li> <li>• Policy and Governance is established.</li> </ul>	
Staff Incorporating Art in Clinical Reflection	The Clinical Nurse Educator has incorporated art as part of the clinical reflection sessions held with staff. These sessions include team building exercises including crafts, use of adult colouring books and making individual journals which staff use to record their experiences and keep notes from the sessions.	FAR WEST LHD
Starlight Express Room/Livewire program	Starlight Children's Foundation provide a program for adolescent patients, called Livewire which involves arts workshops.	SYDNEY CHILDREN'S HOSPITALS NETWORK
Take Blaktion - NSW Aboriginal sexual health project	Engaging young Aboriginal comedians, Steven Oliver, Ian Zarro and Elizabeth Wymarra, who are well-known to NSW Aboriginal communities, as safe sex brand ambassadors, and conducting workshops with Aboriginal communities and attending Aboriginal community events and festivals, having stalls and banners and other strategies to share key messages. The project also develops comedy sketches with the comedians for TV and online websites.	MINISTRY OF HEALTH
The art collection at the Children's Hospital Westmead	The art collection at the Children's Hospital Westmead was established in 1995 and now consists of over 2,000 artworks displayed throughout the hospital. The art collection is comprised of paintings, sculptures, photographs, works on paper and murals. The art collection is administered by the curator and follows the guidelines set out by the Collection Policy. Much of the collection has been donated and the program is run using funding from private benefactors.	SYDNEY CHILDREN'S HOSPITALS NETWORK
The Dreamtime PAThways	The concrete PAThways of the Forensic Hospital will be painted with Aboriginal Dreamtime	JUSTICE HEALTH AND

Initiative Name	Description	NSW Health Service
	Stories. The Dreamtime PATHways will allow for the Local Aboriginal Elders group to enter the hospital and tell their Dreamtime stories to the Aboriginal patients of the hospital. This would be translated into images and painted on the PATHways of the hospital. It addresses cultural identity, connection to self and closing the cultural gap with a focus on a healthy body, mind and spirit.	FORENSIC MENTAL HEALTH NETWORK
The Hopeful Voice Art Exhibition	Hopeful Voice was created to positively express in a variety of creative mediums that whatever adversity is encountered in life that there is still a hopeful voice. In addition it gives an opportunity for those who have a lived experience of mental illness an opportunity to showcase their artwork and creativity. We also invite entries from family, carers and team members who live and work with those who experience a mental illness. Another aim is also to reduce the stigma of mental illness.	NEPEAN BLUE MOUNTAINS LHD
The Mob Walking Group Logo	A piece of artwork was developed to identify the Aboriginal Walking Group in Bowral.	SOUTH WESTERN SYDNEY LHD
The Reflected Legacy Project	Reflected Legacy is artist-led program that through a series of questions and storytelling exercises captures the life stories of people in last days and weeks of their life via ink pressings and sound recordings. These are then given to the patient/family as a gift of art and legacy.	SOUTH WESTERN SYDNEY LHD
The Rhythm and Rhymes Adolescent/Adult Program (RRAP)	The Rhythm & Rhymes Adolescent/Adult Program (RRAP) is a therapeutic group which utilises rap music to promote positive behaviour change, increase motivation to engage in treatment, prosocial behaviour, empowerment and self-efficacy in the young offender/adult offender population. RRAP is a culturally sensitive and diverse program delivered weekly for 12 weeks and focuses on various psychosocial themes such as substance use, interpersonal relationships, peer influences, desistance to crime, motivation and goals, grief and loss etc. in the form of rap music. RRAP incorporates the diversity in participants' backgrounds, trauma and experiences of marginalisation. Participants compose their own rap song during the 12 week program which encourages self-reflection and self-expression and allows the facilitator to address cognitive distortions held by the participant. Weekly music sessions are also facilitated in addition to the core group where participants have the opportunity to practice and record their song with the encouragement of their peers. RRAP is not necessarily music therapy, but music IN therapy.	JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK

Initiative Name	Description	NSW Health Service
The Youth Arts Program and The groupwork Program, Dept Adolescent Medicine, CHW	The Youth Arts Program at The Children's Hospital at Westmead is a program run predominantly for inpatient adolescents (and some outpatients) as an art for wellbeing program incorporating individual sessions, group sessions and Community Cultural Development Projects.	SYDNEY CHILDREN'S HOSPITALS NETWORK
TMH&KKDH Arts for Health	We provide opportunity for respite from the rigours of a hospital for patients, visitors and staff. Just a moment in front of artwork can transport the viewer away from the stressors of hospital.	HUNTER NEW ENGLAND LHD
'Together we Can'	The 'Together We Can' project focused on increasing the wellbeing of Croatian carers, family members and friends of Croatian people with mental illness, by encouraging regular exercise, artistic/cultural activity and mental health information in a friendly environment, in the company of the other Croatian carers.	SOUTH WESTERN SYDNEY LHD
United We Stand	The project involved School Kids (Years 5 & 6) through to High Schoolers, from the Samoan, Nigerian and Arabic Backgrounds. It involved expressions of Australian unity through painting, photography and music.	SOUTH WESTERN SYDNEY LHD
Urban Arts Base	UAB is a unique community arts and music based program that assists young people, aged 15 -30, in their recovery from mental health challenges. Anglicare auspices the program. UAB offers a safe, non-judgmental, creative environment to encourage and empower participants to make their own creative and artistic decisions. This boosts confidence and self-esteem. Participants also gain the necessary skills to re-engage in education, employment and vocational training. Art sessions run on Thursdays and Fridays from 12.30-15.30. The Program picks up participants from the Bondi Junction Community Mental Health Centre on both days. The art therapist runs the sessions and an Anglicare worker facilitates the pickup and drop-offs, and co-runs the group. They also run an art group every Friday morning at Prince of Wales Hospital's Kiloh Centre. The POWH EPP rehabilitation worker attends also on a fortnightly basis.	SOUTH EASTERN SYDNEY LHD
Urban Planning 4 Health	Advocating for healthy built environments including quality open space and public art.	CENTRAL COAST LHD
Viral Hepatitis Art Workshop	A series of workshops were organised to raise awareness of the potential for hepatitis C to be transmitted via unsterile tattooing and piercing as well as other transmission routes. Drawing	SOUTH WESTERN SYDNEY LHD

Initiative Name	Description	NSW Health Service
	lessons and tips were also given by the artist. Based on the education given about hepatitis C the group created messages and artwork that was compiled and digitalised by the graphic artist.	
Waiting Room Art Project	A community partnership project to enhance the patient journey by making the waiting room a more pleasant environment.	SOUTH EASTERN SYDNEY LHD
Welcoming Aboriginal Women: making maternity services culturally inclusive place	A literature review of birthing on country maternity service models found that Indigenous women prefer to birth in their own country. The aim of this arts initiative was to make maternity services at CCLHD more culturally inclusive through many mediums including artwork. Ministry of Health (MoH) funded the project, following the submission of an Aboriginal Cultural Inclusion checklist that was attended at CCLHD which identified gaps in our service. The funding received was \$30K. The governance structure set by the MoH was to populate the project reporting template meeting the key components of the project to close the gaps and make maternity services more culturally inclusive which were identified in the initial checklist. We partnered with the Aboriginal community, Aboriginal Maternal and Infant Health Service (AMIHs), a local Aboriginal artist, professional Aboriginal artist and the Aboriginal services within CCLHD to complete this project.	CENTRAL COAST LHD
Westmead Hospital Temporary Exhibition program	An exhibition program utilising the working corridor space at Westmead to showcase (mostly) local artists that changes every 6 weeks. Artists loan the works and are also able to sell works directly. Provides a changing scene for patients, staff, visitors as well as an opportunity to engage with art on a daily basis.	WESTERN SYDNEY LHD
Women's Health	Young women's poster project, Young women's film making project, Cervical screening art project, Heart Foundation Grant post cards, posters and short video clip project.	SOUTHERN LHD
Working Together Cancer Project	The working together project was a joint collaboration with Aboriginal Elders, community members and Aboriginal Health staff to inform Aboriginal people on the processes of cancer treatment. The project team thought that it was important to gain some Aboriginal art to represent the cancer project. An Aboriginal artist was commissioned to paint two painting to represent the project. These painting are now owned by Aboriginal Health and are symbols of the project.	MURRUMBIDGEE LHD

Initiative Name	Description	NSW Health Service