AN INTRODUCTION TO ARTS AND HEALTH

10 THINGS TO CONSIDER

MARY GREHAN
A NOTE ON TERMS

In this document the term ‘health service user’ or ‘service user’, rather than ‘patient’ or ‘client’, is used to mean anyone using the health service in Ireland.

The term ‘participant’ is used to refer to any person participating in a participatory/collaborative arts and health project. In the case of arts and health practice, participants are often health service users but can also be healthcare staff, carers, family members, or from the wider community.

The term ‘arts and health practitioner’ or ‘practitioner’ refers to anyone who has a professional role in the preparation, delivery and / or evaluation of arts and health programmes, for example an artist, healthcare professional or curator.

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FOREWORD

Arts and health programmes are comprised of a range of arts experiences, presented in healthcare settings, and are for the benefit of health service users, healthcare staff and artists. They are based on partnerships between artists, arts organisations and those working in healthcare and / or the wider community. Often this can be likened to an intercultural-marriage, to which each partner brings his/her own needs, experience, expertise and perspective.

However arts practitioners and healthcare practitioners work in very different ways and when the two come together to realise an arts and health programme, often what one takes for granted the other may not have considered. For many artists, working in a healthcare setting for the first time can be a cultural shock, presenting unexpected responses to artistic interventions which would not arise in a mainstream arts context. For healthcare professionals, the actual arts experience may not match expectations.

When arts projects are planned through a collaborative process, the artistic outcome cannot and should not be pre-determined. Space should be allowed in the process for everyone involved to be surprised. Paradoxically, this small document is designed to anticipate some of those surprises. Intended for artists, arts managers, healthcare professionals and anyone new to the field of arts and health, it comes in two parts. The first summarises the different forms that arts and health projects can take and the second identifies ten things that arts and health partnerships may need to consider when planning projects.

This booklet directs readers to other resources including those which are available on www.artsandhealth.ie, the national website supporting arts and health in Ireland.

Mary Grehan
Arts Director
Waterford Healing Arts Trust (WHAT)
2016
AN INTRODUCTION TO ARTS AND HEALTH
WHAT IS ‘ARTS AND HEALTH’?

Arts and health is a generic term that embraces a range of arts practices occurring primarily in healthcare settings.

**ARTS AND HEALTH PROJECTS**

- bring together the skills, ideas and priorities of both arts and health professionals
- have clear artistic vision, goals and outcomes
- aim to promote health and wellbeing, by improving quality of life and cultural access in healthcare settings
- include the production and presentation of artworks, arts participation and collaboration
- may range from once-off events to long-term programmes

* From Arts Council Arts and Health Policy and Strategy, 2010

WHAT IS NOT ‘ARTS AND HEALTH’?

In its Arts and Health Policy and Strategy 2010, the Arts Council of Ireland differentiates arts and health from related practices as follows:

**ARTS THERAPIES**

There is a clear distinction between arts and health practice, where a key goal is the experience and production of art, and the arts therapies, where the primary goal is clinical. Read Aingeala De Burca’s perspective on this topic on www.artsandhealth.ie.

**ARTS AND DISABILITY**

Arts and health incorporates both artistic and health aims, whereas arts and disability is focused exclusively on the engagement and involvement of people with disabilities in the arts. Read Padraig Naughton’s perspective on this topic on www.artsandhealth.ie.

**OTHER RELATED PRACTICES**

Arts and health can cross over with any number of other arts practices such as: community-based arts, arts and medical humanities and arts and science. In addition, an individual artist may choose to explore health themes or content in his / her work. The degree to which these practices may be described as arts and health will depend on the extent to which they incorporate the characteristics described on page 6.
ART FORMS

ARTS AND HEALTH PROJECTS EMBRACE A RANGE OF ART FORMS

- Architecture
- Circus
- Dance
- Film
- Literature
- Music
- Opera
- Street arts and spectacle
- Theatre
- Traditional Arts
- Visual Arts

SETTINGS

... AND OCCUR PRIMARILY IN HEALTHCARE SETTINGS

- Support organisations for people with chronic illness and carers
- Acute hospitals
- Community care
- Hospices
- Day hospitals
- Out-patient clinics
- Long-term care facilities
- Health promotion
- Rehabilitation and respite care
- Supervised residential units
- Primary care/ community health
- Mental health settings
- Maternity hospitals

Arts and health projects are not restricted to these settings. They can also take place in arts, community, education and public spaces.
Most arts and health programmes can be broadly categorised into two strands of work:

**ENVIRONMENTAL ENHANCEMENT**

**PARTICIPATORY AND COLLABORATIVE ARTS**

For examples of projects that straddle both ‘environmental enhancement’ and ‘participatory arts and collaborative practice’, go to page 26.

**ENVIRONMENTAL ENHANCEMENT**

Architecture and interior design, temporary exhibitions, art collections, public art commissions and performances in healthcare settings all fall under the banner of ‘environmental enhancement’ and have the shared aim of transforming healthcare settings from bare, sterile, institutional spaces to more humanised spaces which invite health service users, staff and the wider community to engage with contemporary art and design.
PARTICIPATORY AND COLLABORATIVE ARTS

‘Participatory arts’ and ‘collaborative arts’ are umbrella terms that span a broad range of practice whereby individuals or groups work with skilled artists to make or interpret art. Below are some possible scenarios that fall within this category of practice.

PARTICIPATORY ARTS

Participants are supported by an artist to produce artworks and / or engage in a creative process. The participants are the authors of the final work. Often an artist will propose a framework in which this happens.

COLLABORATIVE ARTS

The artist(s) and participant(s) collaborate on every stage of the development and production of the artwork and both are authors of the final work.

Alternatively, participants contribute to a particular stage of the development or production of an artwork and the artist remains the author of the final work. For example, participants may contribute to the research phase through sharing their ideas, opinions, experience and / or knowledge.

In the case of arts and health, participants are usually health service users and engaging them in the creative process is a central part of arts and health practice. It involves considerable experience and skill on behalf of the artists who need to be self-aware, responsive, resourceful and to demonstrate excellence in their artform. The artistic aims should be demonstrated and / or articulated in the course of the practice and participants should be encouraged to extend and enhance their experience of the arts.
PARTICIPATORY ARTS PRACTICE IN HEALTHCARE CONTEXTS: GUIDELINES FOR GOOD PRACTICE

The following guidelines were first published in 2009 in Participatory Arts Practice in Healthcare Contexts: Guidelines for Good Practice. These can be interpreted in accordance with the conditions of specific projects such as the nature of the healthcare context, the needs of the health service user, the artist’s approach and the ethos of the specific arts and health programme.

PARTICIPANTS COME FIRST
Practitioners of participatory arts and health recognise that the wellbeing of participants in the creative activities they facilitate is paramount. They remain primarily attentive to this in respect of the arts activity’s context, delivery, development and evaluation.

* Commissioned from the Centre for Medical Humanities at Durham University by the Waterford Healing Arts Trust and the Health Service Executive South (Cork) Arts + Health Programme with financial support from Arts Council Ireland/An Chomhairle Ealaíon. Available on www.artsandhealth.ie.

A RESPONSIVE APPROACH
The practitioner always attempts to draw out the creative potential of participants, challenging and motivating them whilst exercising professional judgement on the reasonable expectations from the activity.

UPHOLDING VALUES
A collective creative process is generated through the building of mutual trust between participant and practitioner, which develops a commitment from everyone involved to learning and experiencing together.

FEEDBACK AND EVALUATION
Practitioners recognise the importance of quality evaluation and their duty to contribute to it by encouraging honest feedback from themselves, participants and other staff.

GOOD MANAGEMENT AND GOVERNANCE
Practitioners commit to an ethos of good practice and adhere to the policies, protocols and ethical procedures of the organisations supporting the work, and of the institution or setting where the activity takes place.
ARTISTS’ RESIDENCIES

Two examples of arts and health practice that can straddle both ‘environmental enhancement’ and ‘participatory and collaborative arts’ are artists’ residencies in healthcare settings and public art commissions.

A residency involves a host organisation making an invitation to an artist. The artist may be provided with a workspace; may be required to make artwork in response to a particular environment; may be invited to engage with a community of people to produce new work; and some residencies, may involve a combination of all of the above.

For more information on artists’ residencies, see www.visualartists.ie.

PUBLIC ART COMMISSIONS

Many public artworks are commissioned for healthcare environments under the Per Cent for Art Scheme, a government funded programme. In recent years this scheme has broadened to include all artforms and can involve collaboration between the commissioned artist and the partners and/or end users.

For more information on the process of commissioning art, see www.publicart.ie.
We at the Waterford Healing Arts Trust (WHAT) have been integrating arts experiences into the daily life of University Hospital Waterford and other healthcare settings since 1993. We support the design and delivery of arts and health programmes in Ireland through information, advice, training and resources, including the online resource www.artsandhealth.ie. The following ‘ten things to consider’ have emerged from lessons we have learned from our experience of developing arts and health projects. This list is not exhaustive.

Not all of these points will apply to all arts and health programmes. Some relate to participatory and collaborative arts programmes and some relate to aspects of environmental enhancement such as curating in healthcare settings. Some apply to both.
Equal partnership between arts and health sectors is the foundation stone of arts and health. It is based on open, honest and trusting relationships. Each partner brings his/her ethos, values, knowledge, experience, skills, needs and expectations to the table. However, the culture of the world of art differs in many ways from the world of healthcare and getting to understand the other demands an ability to listen carefully. Assumptions should be recognised for what they are and time may need to be invested in clarifying language and naming what is important to each partner.

In all fields of work, effective practitioners understand the nature and scope of what they do and are able to articulate this. This clarity helps build good partnerships. An artist enters the healthcare setting as an arts professional. It is important to remain true to his/her practice and expertise as an artist and to avoid any function that is outside the boundaries of this. Specifically, in the case of arts and health practice, the artist is not an arts therapist and this should be clearly communicated to partners and participants at briefing sessions and planning stages, and during the course of a programme.
Arts and health practitioners can experience a number of challenges and obstacles in attempting to present artworks and arts experiences in healthcare settings relating primarily to health and safety, infection control, security and ethics. Good arts and health practice adapts and responds creatively to these challenges.

People do not, for the most part, expect to engage with art when they enter a healthcare setting. In some cases, art in an unmediated form may be an unwarranted intrusion and / or result in a defensive response from those who experience it. Furthermore, a health service user’s physical condition and anxiety about his / her illness can reduce his / her willingness and ability to engage with art. Service users should be given the opportunity to opt out of or into an arts experience.
ART FOR VERSUS ART ABOUT

Some powerful and moving artwork has been inspired by the experience of ill health. Often implicit in this are thoughts and feelings about death. However, health service users may not wish to be faced with issues of mortality and ill health at times when they are most vulnerable. In short, not all artwork borne of a healthcare context should be presented in that context.

MERGING WITH THE RHYTHM OF THE SETTING

Engagement of health service users in participatory and collaborative arts programmes can involve an artist inviting them to do something creative. Health service users in healthcare settings may have a lot of time on their hands. Yet healthcare staff are more often than not severely short of time. A creative invitation will have a better chance of success if it is easily communicated and enhances, rather than conflicts with, the role of the healthcare provider and if it can merge seamlessly with the rhythm of the setting – the routine, layout, transition of service users through the space etc.
PROCESS VERSUS PRODUCT

Some participatory and collaborative arts programmes may result in an artistic outcome such as an exhibition or a performance which in turn becomes the basis for a collective celebration. However, the expectation to produce an artwork can result in adverse pressure on all involved. Given this, the process of engagement and collaboration can in itself be viewed as an outcome.

CONSULTATION

Placing art in healthcare settings can be a careful balancing act between presenting art which engages and stimulates the audience and avoids provocation at a time when members of that audience may be emotionally vulnerable. Arts and health practitioners may find themselves anticipating the service users’ response based on the given context and applying this to the selection and placement of artwork.

Consultation with service users is not always easy. They are not a homogeneous grouping. For example, in acute hospitals, service users transition at different speeds through the space and therefore healthcare staff often act as their spokespersons. Arts and health practitioners should consider ways to make consultation an integral part of the programme design.
Navigating the Institution

Healthcare settings can be complex organisms. It can take time for an artist working in healthcare to navigate the setting, to find out the local policies / codes of practice that will impact on his / her work, to get to know how decisions are made, to test the feasibility of his / her ideas, to consult and elicit feedback etc. In the absence of a dedicated arts and health co-ordinator, he / she may feel isolated. The support he / she needs could be provided by a healthcare practitioner performing the role of liaison person and / or a steering committee to support the project.

Documentation and Evaluation

The confidentiality of health service users is a given in healthcare, whereas the public celebration of artistic outcomes is central to arts practice. And so the documentation of projects can sometimes be one of those points of tension between the world of art and the world of health. It is important therefore that participants are given an opportunity to provide their informed consent to be part of any documentation process.

Evidence-based medicine is the use of current best research in making decisions about the care of service users. There is some debate as to whether it is appropriate or even feasible to apply an evidence-based approach to evaluating arts interventions in healthcare settings. Read perspectives by Sheelagh Broderick and Catherine McCabe on this topic on www.artsandhealth.ie.
Arts and health projects should be integrated into the setting in which they take place. They should be responsive, jointly planned and agreed by the artist, participants and healthcare staff; and they should be supported by managers and staff as a means of enhancing the quality of life and cultural access in healthcare settings. It is important that expectations are clarified and that everyone involved is well briefed when embarking on a project. However, unlike best practice in healthcare, artistic outcomes cannot, nor should not, be pre-determined from the outset of a creative process. Rather, trust in the process is called for, as well as sufficient resources, time and space to allow for an outcome which has the potential to engage and surprise…

Waterford Healing Arts Trust
The WHAT Centre for Arts and Health
University Hospital Waterford
Dunmore Road
Waterford

Tel: 00353 (0)51 842664
E-mail: info@artsandhealth.ie
www.artsandhealth.ie
www.waterfordhealingarts.com
Many thanks to Create, Justine Foster, Marie-Jeanne Jacob, Claire Meaney, Ann O’Connor, Niamh O’Connor and Anne Woodworth for their contribution to this document as well as the many artists and healthcare professionals I have worked with over the years on the development and delivery of arts and health projects.

ACKNOWLEDGEMENTS

Images: Anna Marie Coughlan   Design: edit+ www.stuartcoughlan.com