

WHAT (Waterford Healing Art Trust)

Call for applications for

Artist in Residence programme 2021



Waterford Healing Arts Trust (WHAT) invites artists of all disciplines with a commitment to participatory and collaborative practice in healthcare contexts to submit proposals for its 2021 Artist in Residence programme at University Hospital Waterford (UHW).

The 2021 residency programme aims to support artists to develop their arts practice by creatively collaborating with staff working at UHW. The successful artist(s) will devise ways to engage healthcare staff in participatory and / or collaborative arts experiences with a view to creating new work. The residency may explore and reflect on the experience of healthcare staff during/in relation to the Covid-19 pandemic and the artist(s) might engage with a particular cohort of staff e.g. nursing staff, radiographers etc. The artist(s) approach must adhere to public health guidelines.

The artist(s) will have access to support and mentoring as needed from the WHAT Director and, subject to public health restrictions, the artist will also have use of the following at the WHAT Centre for Arts and Health at UHW:

- Artist Studio
- Multi-Use Studio, including access to dance floor
- WHAT arts and health library
- Administrative support from WHAT staff
- Desk, internet access, kitchen facilities

The fee for the residency will depend on the duration and ambition of project. Projects of varying duration will be considered. Max fee awarded is €5000. More than one residency may be awarded in 2021. The Artist in Residence programme is funded by the Arts Council.

WHAT

Waterford Healing Arts Trust (WHAT) is Ireland's leading arts and health organisation. Based in the WHAT Centre for Arts and Health at University Hospital Waterford, WHAT promotes the role of art in wellbeing through a multi disciplinary programme of arts activity which comprises an extensive art collection, art exhibitions, live music performances, artist in residence programmes and art viewing and making sessions for patients. WHAT is keen to expand the availability of participatory / collaborative arts opportunities for staff through the 2021 artist residency. WHAT has been running an Artist in Residence programme since 1994.

See www.waterfordhealingarts.com for further information on WHAT.



The hospital context

The acute hospital community is not one homogeneous body but a number of sub-communities (outpatients, inpatients, groups of chronically ill patients such as those on dialysis etc, and the associated healthcare staff for each of these sub-communities) each with a different relationship with the institution in terms of the patient's length and frequency of stay etc. The hospital can be a rewarding but challenging place for an artist to work. Often progress can be slow. There are a number of technical restrictions imposed on the delivery of participatory / collaborative programmes and the presentation of artwork, performances and arts experiences in terms of space, health and safety and infection control. The turnover of patients and movement of staff makes communication particularly challenging. The challenge of engaging people at University Hospital Waterford in creative programmes has been embraced by various artists over the years in many different ways – see <http://www.waterfordhealingarts.com/what-we-do/for-health-service-users/artist-in-residence/>

And

<http://www.artsandhealth.ie/case-studies/waterford-healing-arts-trust-artist-in-residence-programme/>

See also Appendix 1 – 'Ten things to consider'

Application Process

The artist(s) will be selected through a process of open competition. Criteria for selection will be:

- Quality of the artist's participatory / collaborative practice
- The 'fit' between the artist's practice and the hospital environment
- Level of relevant experience
- Commitment to the role of the arts in a healthcare context
- The responsiveness of the artist's practice to the context
- The innovation of the artist's approach
- Availability of the artist

Short-listed applicants may be invited to attend for interview.

How to apply

Those who wish to apply for the residency programme should submit:

- A current CV (maximum 2 pages)
- A one-page outline of a programme of work you would like to undertake during the residency, including a description of how you might engage with staff at UHW. Please include your aims, proposed duration, the time commitment you can make to the residency, preferred dates/time of year, and a budget breakdown. Please also indicate your willingness to undergo Garda Vetting.
- Documentation of practice: maximum 10 fully captioned images /video links / sound recordings / publications including, where available, documentation of collaborative practice.
- Contact details for two current referees.

All of the above should be compiled into one PDF document to be clearly marked with your name and contact details. The PDF document should not exceed 3MB.

Applications should be submitted by e-mail to ClaireA.Meaney@hse.ie, no later than **Thursday, 11 February 2021 at 2pm**. **E-mail applications should not exceed 3MB in size.**

Interested applicants are invited to attend an online briefing session on Tuesday, 2 February 2021 at 2pm. Please e-mail WHAT@hse.ie no later than Thursday 28 January to book your place.

If you would like to find out further information before making an application please email Claire Meaney to arrange an informal chat at WHAT@hse.ie if you have specific queries.



10 THINGS TO CONSIDER when integrating arts experiences into healthcare settings

Note: not all of these points will apply to all arts and health programmes. Some relate to participatory and collaborative programmes and some relate to aspects of environmental enhancement such as curating in healthcare settings. Some apply to both.

1. *Partnership*

Equal partnership between arts and health sectors, which is the foundation stone of arts and health is based on open, honest and trusting relationships. It can take time for all parties to get to know the other in an informal way and through a more formal project planning and debriefing processes whereby all involved clarify expectations, roles and responsibilities, co-design the project format / structure while allowing scope for change and development and reflect on what they considered worked and what did not. Each partner brings their ethos, values, experience, skills, needs and expectations to the table. However, the culture of the world of art differs in many ways to 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.

2. *Boundaries*

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. It is important that artists working in healthcare settings perform no function that is outside the boundaries of his/her artistic activities. Specifically, in the case of arts and health practice, the artist is not an arts therapist and this should clearly be communicated to partners and participants at briefing sessions and planning stages and in the course of a programme.

3. *Parameters*

Arts and health practitioners can experience a number of challenges and obstacles in attempting to present integrated artworks and arts experiences into healthcare settings which relate to health and safety, infection control, security and ethics. Rather than reducing arts and health to the lowest common denominator of artistic experience, good arts and health practice has evolved to respond to the conditions of healthcare settings and the specific needs of health service users.

4. *An involuntary site for art*

A healthcare setting can be an involuntary site for arts experiences. That is 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 even ability to engage with art and therefore at the very least, service users should be given the opportunity to opt out of an arts experience.

5. *Art about vs art for*

A lot of 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.

6. *The creative invitation*

Engagement of health service users in participatory / collaborative programmes can involve an artist making a creative invitation that responds to the setting and the needs of its occupants, does not go beyond the boundaries of the artist's practice and is person-centred. 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. An arts and health programme will have a better chance for success if it enhances the role of the healthcare provider instead of conflicting with it and can merge seamlessly with the rhythm - routine, layout, transition of service users through the space etc - of the

setting.

7. *Process vs product*

Some participatory or collaborative programmes will result in an artistic outcome such as an exhibition or a performance which in turn becomes the basis for a collective celebration. However, in other cases, 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.

8. *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 experience based on the given context and applying this to the selection and placement of artwork. Consultation with service users is not always easy. Service users 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 spokespeople. Arts and health practitioners should consider ways to build consultation into the programme design.

9. *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 get made, to test the feasibility of his / her ideas, to consult and illicit feedback etc. In the absence of a dedicated arts and health practitioner, he / she will need support from healthcare staff. This could be provided by a healthcare practitioner performing the role of liaison person and / or a steering committee to support the project.

10. *Documentation and evaluation*

Arts and health is an evolving field of work. It is important to document and evaluate it and to share learning with peers for the benefit of the sector. This is not without its challenges. Confidentiality of patients is central to the culture of healthcare whereas public celebration is central to arts practice, and so documentation can become one of those points of tension between the world of art and the world of health.

Regarding evaluation, evidence-based medicine is the use of current best research in making decisions about the care of individual patients. With the delivery of arts projects within healthcare settings, there is a debate at large as to whether it is appropriate or even feasible to apply an evidence-based approach to evaluating arts interventions. Read perspectives by Sheelagh Broderick and Catherine McCabe on this topic on www.artsandhealth.ie.

One more thing....

It is important that expectations are clarified and everyone involved is well briefed when embarking on an arts and health programme. 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 time and space to allow for an outcome that has the potential to engage and surprise...

For further information, email what@hse.ie or phone 00353 51 842664

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