

Participatory Arts Practice in Healthcare Contexts

Guidelines for Good Practice

The development of these Guidelines for Good Practice was 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

Guidelines for Good Practice

for artists and healthcare professionals engaging in participatory arts practice in healthcare contexts in Ireland

Foreword

On behalf of the HSE, I welcome this 'Guidelines for Good Practice' document as a valuable contribution to developing and enhancing the work of practitioners engaged in participatory arts practice in the health and related sectors in Ireland.

The health sector both encompasses an extremely broad range of settings including hospitals, day care centres, residential facilities, primary care facilities etc., and engages with people at all stages of the life cycle with a view to enhancing both their own and their community's health and wellbeing. I acknowledge the importance, and value the contribution, of high quality appropriate participatory arts interventions to the goal of better health in the widest sense. I also acknowledge the role of the voluntary/community sector and

other partner arts organisations both as participants and contributors in this expanding area of work.

In the challenging times facing everyone in the country, it is important to get the maximum benefit from allocated resources and to commit to a culture of sharing and promoting good practice models. I hope that this initiative will, especially in the context of the HSE as a national organisation, further facilitate this process within the HSE and with our partner organisations and colleagues in the arts world. This process can be done locally, regionally and nationally.

I wish to thank the Arts Council, Waterford Healing Arts Trust (WHAT), the Cork Arts + Health Programme (CAHP) and those who contributed to the consultation process for their work on this project. I especially wish to thank Mike White and Mary Robson for

producing the Guidelines for Good Practice, which will be a basis for enhancing participatory arts work in healthcare settings into the future.



Pat Healy, Regional Director of Operations, Health Service Executive, South

The Waterford Healing Arts Trust supports the development of arts and health as a practice which is based on the ethos of access to the arts for all members of society and in which we recognise the potential of the arts to enhance individual and community health and wellbeing. In practice, however, the facilitation of participatory arts experiences in healthcare environments can challenge the typical practice of both healthcare professionals and arts practitioners. We recognise the need for support for all those involved to negotiate partnerships that will result in meaningful and relevant arts experiences.

We are delighted to have been part of a fruitful partnership with the Cork Arts + Health Programme which has led to the commissioning and development of these Guidelines for Good Practice in the field of participatory arts in healthcare contexts. We hope that they will be a useful resource for those who are currently working in the field of arts and health and for those embarking on this work for the first time. They are not set in stone. Rather we hope that they will open up a dialogue that will lead to the ongoing development of this emerging field of work and we welcome your contribution to that dialogue.

Finally, I would like to thank all those involved in their development including Mike White and Mary Robson from the Centre for Medical Humanities at Durham University and the Arts Council/An Chomhairle Ealaíon for their financial support.



Mr. Gordon Watson, Chairperson of the Waterford Healing Arts Trust

A Note from the Arts Council

Arts and health is predicated on the principle of partnership. It brings together the skills and visions of two diverse sectors and contributes significantly not only to promotion of health and wellbeing but also to the development of innovative arts practice.

It is my pleasure to welcome the publication of Participatory Arts Practice in Healthcare Contexts – Guidelines for Good Practice, which is the result of a partnership between Waterford Healing Arts Trust and the HSE South (Cork). As well as working closely together, these organisations have drawn on the expertise and wisdom of a wide range of stakeholders including artists, health professionals, health service users, arts administrators and community development personnel as well as arts and health consultants from Durham University.

It is apt that the publication of the Guidelines coincides with a time when the Arts Council is working in close partnership with the arts and health sectors to programme key events and develop policy and strategy in this area.

Participatory Arts Practice in Healthcare Contexts – Guidelines for Good Practice is a very welcome addition to the library of arts and health and will no doubt inform artistic practice as well as provoking greater critical reflection and response in the area of arts participation, both within and beyond healthcare settings into the future.



Mary Cloake, Director, Arts Council /An Chomhairle Ealaíon

Introduction

With financial support from the Arts Council/An Chomhairle Ealaíon, the Waterford Healing Arts Trust and the Health Service Executive South (Cork) Arts + Health Programme engaged the Centre for Medical Humanities (CMH) at Durham University to develop Guidelines for Good Practice for participatory arts activity in healthcare contexts. This has been developed through a process of consultation with a representative group of practitioners in Ireland – including practising artists, health professionals, arts administrators and community development personnel. It is based on the recognition that there are core values and responsibilities that need to be shared and reflected upon by all stakeholders and that a robust support structure is required to sustain all aspects of the work.

Arts and health has been defined in a number of ways, including ‘arts practice with clear artistic vision, goals and outcomes that seeks to enhance individual and community health and wellbeing’ (WHAT / CAHP) and ‘creative

activities that aim to improve individual or community health using arts-based approaches, and that seek to enhance healthcare delivery through provision of artworks or performances’ (Smith T. An Evaluation of Sorts CAHMH University of Durham 2002).

The settings in which the work can happen are many and diverse. Arts and health has become a wide field of practice that includes work in hospitals, primary care, respite care and rehabilitation, public health, social services settings, community based organisations, schools and places where arts therapies are practised. Furthermore arts and health has an acknowledged role in addressing a whole range of social policies.

The practice of arts and health is not a single professional role but a skills partnership of people who come together in their distinctive roles to engage the public in creative activities that aim to improve health and wellbeing. The term ‘practitioner’, as used

throughout this document, refers not exclusively to artists but rather to anyone who has a professional role in the preparation, delivery and evaluation of the work. The term ‘participant’ refers to patients, clients, service users, staff members, carers, or indeed any person in a community taking part in an arts and health project.

This Guidelines for Good Practice document is intended for practitioners who already undertake, or aim to engage in, participatory arts practice in a range of healthcare contexts. These Guidelines are intended as a platform for ongoing dialogue and debate around promoting best practice. It is hoped that the document will be used in this participatory spirit and that it will inspire and encourage practitioners to become active contributors to the promotion of best practice within the field. The Guidelines are structured around the following five headings, each commencing with a keynote point that aims to express the essence of good practice in participatory arts and health:

1. Participants come first
2. A responsive approach
3. Upholding values
4. Feedback and evaluation
5. Good management and governance

Mike White and Mary Robson, Centre for Medical Humanities, Durham, October 2009

Guideline 1

Participants Come First

KEYNOTE:

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.

1:1 Attention is maintained to the unique identity of each participant and fellow practitioners in an atmosphere of mutual respect that seeks to bring out people's talents, abilities and best qualities.

1:2 The development of each participant within the context of the activity is a desired goal. Each person's achievement in the arts activity is promoted with regard to that person's independence, exercise of choice and dignity.

1:3 The arts activity seeks real contact and engagement with participants so that they feel respected and valued.

1:4 Practitioners understand the aims and objectives of the activity and are able to communicate them to participants.

1:5 Participants' responses to the activity inform and help re-assess the practitioners' approach to their practice.

Guideline 2

A Responsive Approach

KEYNOTE:

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.

2:1 Practitioners propose the vision and structure for the arts activity but maintain an open mind for collaborative, friendly working that respects the experience, skills, advice and contribution of others.

2:2 The arts activity evolves out of dialogue and engagement between practitioner and participants and is developed, so far as is practicable, as a communal interest in which every participant's voice is heard and acknowledged.

2:3 Practitioners aim to keep an overall focus on health and wellbeing while ensuring that the activity abides with the aims and purposes agreed with fellow practitioners and/or participants.

2:4 The approach to the arts activity is appropriate to the setting and practitioners try to create a congenial and secure space in which participants can work and relate comfortably with each other.

Guideline 3

Upholding Values

KEYNOTE:

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.

3:1 Participants are offered a quality experience in which the integrity of the artistic process is maintained throughout the life of a project, with an emphasis on productive and (preferably) enjoyable creative work using good quality materials.

3:2 Practitioners are aware of how to take creative risks responsibly in the production of art works, without harming or compromising the dignity of participants.

3:3 Practitioners must exercise flexibility, good listening and non-patronising communication appropriate to the context and content of the activity.

3:4 Inclusiveness, equality and sensitivity to others are key to participatory arts. Fostering understanding, positive regard for others and inter-professional dialogue are essential to effective practice.

3:5 Each participant's contribution to the activity is valued and nurtured in a manner that is fair, equitable and inclusive of difference, status and ability.

3:6 Practitioners ensure that all those taking part share the limelight in any public appreciation of the arts activity, where appropriate.

Guideline 4

Feedback and Evaluation

KEYNOTE:

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

4:1 Practitioners are open to the use of both qualitative and quantitative methods of appropriate evidence gathering that have the consent of participants, and with ethical approval, as may be required, by the healthcare setting.

4:2 Practitioners undertake documentation of the work in process with attention to the quality and accuracy of its presentation and with consent of participants.

4:3 Practitioners encourage self-evaluation of the activity with the involvement of participants and other staff by consent.

4:4 Practitioners commit to the dissemination of correct and appropriate messages from the activity and its evaluation to relevant audiences.

4:5 Practice is adjusted where necessary in the light of evaluation.

4:6 Practitioners commit to reflective practice with ongoing review of the direction, purpose and processes of their work.

Guideline 5

Good Management and Governance

KEYNOTE:

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.

5:1 Practitioners commit to maintaining open communication, transparency in decision making and sharing of experience with fellow practitioners, participants and external agencies.

5:2 Activities must be assessed for their suitability and appropriateness to participants, their context and their environment. Sufficient planning time, funding and policy directives are essential to the delivery of the activity and its intended outcomes.

5:3 Any requirement for support and supervision of practitioners is assessed at the outset and reviewed throughout the course of the project.

5:4 The activity / project has a pre-agreed timeframe and has either a planned conclusion or a strategy (established early on in the project) for its sustainable continuation.

5:5 There are clear ground rules for the activity with an awareness of the responsibilities of each practitioner and of each partner, and there is clarity on roles and boundaries between the partners working to deliver the activity.

5:6 Contractual relations are formalised with regard to what is appropriate to the activity and its context.

5:7 There is a commitment to setting realistic aims and objectives with regular debriefing and an ongoing mutual support network that aims to improve everyone's practice through the activity.

5:8 Practitioners identify the key people who are important to the success of a project and seek open communication with them based on a shared understanding of the values, ethos and goals, artistic or otherwise, of the project.

5:9 Practitioners do their utmost to ensure the emotional, psychological and physical safety of participants and themselves during the activity.

5:10 Principles of confidentiality are known and complied with at all times. Exceptions to this may apply when the safety and wellbeing of a participant is at risk.

5:11 The purpose and ownership of art works produced from collective activity are clarified and agreed with participants before completion of the work.

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Your feedback

This document is designed to be a dynamic resource that may grow and change in response to the feedback we receive from people working in the field of arts and health.

We hope you will have the opportunity to reflect on these Guidelines and consider your arts and health practice in the context of them, either with colleagues and participants, or by yourself.

You may want to consider the following questions in the course of this process. These questions are designed as prompts only. You may have other questions you want to add to this list.

- Are these Guidelines clear?
- Do they assist your understanding of the practice of arts and health?
- Do you think these Guidelines will change / have changed your practice in any way?
- Do any of the Guidelines reaffirm what you are already doing in your arts and health practice?

- Do you disagree with any of the Guidelines?
- What is there in the Guidelines that can usefully support you in your arts and health work?
- Has anything been left out of the Guidelines that you feel is important?
- How would you like to see the Guidelines applied to the practice and research of arts and health?
- How might the Guidelines help those working in arts and health to communicate better with each other and the public?

We would greatly value the feedback.

We will review these Guidelines in view of the feedback we receive.

Please send your feedback to:

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Or e-mail mary.grehan@hse.ie

And / or to:

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Principal Community Worker,
South Lee Community Work Dept.,
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St Finbarr's Hospital,
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by 31st October 2010.

We look forward to hearing from you.

Copies of this document can be downloaded from www.waterfordhealingarts.com and / or www.hse.ie.